

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 57 0 2 2 5 5 0

BIRTH NO. 40532-57 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5887

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN Pestus	
c. LENGTH OF STAY (in this place) Wks. 1		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 24 St. Louis Children's		e. STREET ADDRESS (If rural, give location) 29 R. R. #1 0520	
3. NAME OF DECEASED (Type or Print) a. (First) Hammer, Barbara June		4. DATE OF DEATH (Month) (Day) (Year) 6 21 57	
5. SEX F		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH 6-21-57	
9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Months Days 16	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Pestus Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Virgil P. Hammer		13b. MOTHER'S MAIDEN NAME Katherine Phram	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME B. Cameron		ADDRESS St. Louis Children's	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, atheria, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure ANTECEDENT CAUSES (b) Prematurity (c) 1 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 773.5		INTERVAL BETWEEN ONSET AND DEATH 3 hrs. 14 hrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 6-21, 1957, to 6-21, 1957, that I last saw the deceased alive on 6-21, 1957, and that death occurred at 9:45pm., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Thelda J. Wohltman, M.D.		23b. ADDRESS Children's Hospital	
23c. DATE SIGNED 6-21-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) 6-24-57		24b. DATE	
24c. NAME OF CEMETERY OR CREMATORY Catholic		24d. LOCATION (City, town, or county) (State) Crystal City, Mo.	
DATE REC'D BY LOCAL REG. JUN 25 57		REGISTRAR'S SIGNATURE Carl Smith	
25. GENERAL DIRECTOR'S SIGNATURE R. J. Sollett		ADDRESS Crystal City, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

certificates

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
LeRoy R. To

Licensed Embalmer No. 348

P. O. Address Crystal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.