

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26164**  
Registrar's No. **6636**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>✓</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3/ St. Louis State Hospital</b>		STREET ADDRESS (If rural, give location) <b>4370 5100 Arsenal Street</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b> b. (Middle) c. (Last) <b>Hammack</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 9, 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>June 10, 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Milliner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hat</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 2 HRS. Hours Min. <b>72</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Union, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Tom Hawkins</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Miller</b>	
14. NAME OF HUSBAND/OR WIFE <b>Deceased</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lucille Newmann, 814 Summit Dr. N.D.</b>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary edema</b>			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DUE TO (b) <b>Cardiac enlargement</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (c) <b>Chronic leukemia</b>			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>204.4</b>	
20. AUTOPSY? <b>2</b> YES <input checked="" type="checkbox"/> NO <input 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)		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 <b>Nov. 14, 1931</b> , to <b>July 9, 1957</b> , that I last saw the deceased alive on <b>July 9, 1957</b> , and that death occurred at <b>11:00a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Asst. Surgeon M.D.</b>		23b. ADDRESS <b>5100 Arsenal Street</b>	
23c. DATE SIGNED <b>7-9-57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>7/12/57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Lutheran</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay 23, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Jul 16 57</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Fendler Und. Co.,</b>		ADDRESS <b>7420 Michigan Ave.</b>	

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

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Deceased

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Lucille Newman, 814 Summit Dr. N.D.

None

1988

STATEMENT BY LICENSED EMBALMER

(To be filled in by the 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 *W. G. Peterson*

Licensed Embalmer No. *376*

P. O. Address *7420 Michigan*

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.