

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1957

State File No. **26165**  
**6263**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **MO.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **City**

c. CITY OR TOWN **St. Louis**

c. LENGTH OF STAY (in this place) **6-dys.**

d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **26 St. Louis Chronic Hospital**

e. STREET ADDRESS (If rural, give location) **4570 4308 DEWEY**

3. NAME OF DECEASED (Type or Print) a. (First) **Fred** b. (Middle) \_\_\_\_\_ c. (Last) **Hammann**

4. DATE OF DEATH (Month) (Day) (Year) **7-4-57**

5. SEX **M** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **JULY 11 1875** 9. AGE (In years last birthday) **81**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **RETIRED METAL POLISHER** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **GERMANY** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Fred Hammann** 13b. MOTHER'S MAIDEN NAME **Eva. FISHER** 14. NAME OF HUSBAND OR WIFE **AUGUSTA HAMMANN**

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. **492-09-6621** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **AUGUSTA HAMMANN 4308 DEWEY**

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Arteriosclerotic Heart Disease** 1 yr.

ANTECEDENT CAUSES DUE TO (b) **Generalized Arteriosclerosis** 1 yr.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death **Myocardial Infarction** **old**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **420.0** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **6-27-** 19**57**, to **7-4-** 19**57**, that I last saw the deceased alive on **7-4-** 19**57**, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John W. Beckman, M.D.** 23b. ADDRESS **5800 Arsenal** 23c. DATE SIGNED **7/5/57**

24a. BURIAL, CREMATION REMOVAL (Specify) **REMOVAL** 24b. DATE **JULY 8 1957** 24c. NAME OF CEMETERY OR CREMATORY **SUNSET BURIAL PK** 24d. LOCATION (City, town, or county) (State) **ST. LOUIS MO**

DATE REC'D BY LOCAL REG. **JUL 5 57** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Kutas, 2906 Gravois**

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

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.....

*Leo J. Budd*

Licensed Embalmer No. 398

P. O. Address St. Louis, Mo.

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.