No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

State File No. 33584

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8411

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 13 Incarnate Word Hospital 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 609 Bellerive

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): A.
c. (Last): Hammel

4. DATE OF DEATH (Month) (Day) (Year): Sept. 5, 1957

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jul. 11, 1876
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Real Estate
10b. KIND OF BUSINESS OR INDUSTRY: owner
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Michael Hammel
13b. MOTHER'S MAIDEN NAME: Regina Karlskind
14. NAME OF HUSBAND OR WIFE: Julia Hammel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Julia Hammel 609 Bellerive — ADDRESS

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma esophagus — Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): malnutrition — Oral nutrition —
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic heart disease — Arteriosclerotic heart disease

19a. DATE OF OPERATION: 7-30-57 — 30 July 57
19b. MAJOR FINDINGS OF OPERATION: gastrectomy — gastrostomy — 150x
20. AUTOPSY? 2 — 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) m.
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* March 1955 9-5-57 *to* 5 Sept 1957 A.M., *that I last saw the deceased alive on* 5 Sept, 1957, *and that death occurred at* 9:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bray Hawk M.D. — Bray O'Hawk MD
23b. ADDRESS: 4660 Maryland
23c. DATE SIGNED: 9/5/57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 9-9-57
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: SEP 9 57
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. M.F.B.
25. FUNERAL DIRECTOR'S SIGNATURE: Southern Funeral Home — ADDRESS: 6322 S. Grand, St. Louis, Mo. 11

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Hassen.

Licensed Embalmer No. 42 4

P. O. Address St Louis Sou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.