

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024059

STATE FILE NUMBER

FILED JUL 11 1958

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1624

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Heights</u>		c. CITY OR TOWN <u>Richmond Heights</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1347 McCutcheon</u>		d. STREET ADDRESS (If outside, give location) <u>1347 McCutcheon</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Frances M. Robinsen Hammond</u>		4. DATE OF DEATH Month Day Year <u>June 16, 1958</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 30, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and state or country) <u>Moorefield Ontario, Canada</u>
13a. FATHER'S NAME <u>John M. Robinson</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Jane Ney</u>	14. NAME OF HUSBAND OR WIFE <u>Chester Cady Hammond</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Miss Edith Hammond 1347 McCutcheon</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute Pyelonephritis</u> DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) <u>1810</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10d</u> <u>5 yrs.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1954</u> , to <u>June 16 '58</u> and last saw her alive on <u>June 16 '58</u> Death occurred at <u>11:30</u> A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Paul Krumpholtz M.D.</u>		22b. ADDRESS <u>721 Olive St. St. Louis, Mo.</u>	22c. DATE SIGNED <u>6-16-58</u>
23a. CREMATION, REMOVAL, OR OTHER DISPOSITION <u>Removal</u>	23b. DATE <u>6/17/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Alexander &amp; Sons 6175 Delmar Bl</u>		25. DATE RECD. BY LOCAL REG. <u>6/17/58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert K. Donohue</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No. symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by affidavit 7/12/58

*MS*

JUL 24 1958

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 *Joseph M. Mellon*

Licensed Embalmer No. *2760*

P. O. Address *6150 Delmar*

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.