

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019209

STATE FILE NUMBER

2 4653

FILED JUN 1 1959

Registration District No.

Primary Registration District No.

Registration No.

300

1-57

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596

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA City Hosp		Length of stay in 1b	d. STREET ADDRESS 5000 S Bldway
3. NAME OF DECEASED (Type or print) First Middle Last Emma Hammel		4. DATE OF DEATH Month Day Year 5/11/59	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2/7/1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 86
11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Templin		13b. MOTHER'S MAIDEN NAME Unknown	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. unk	17. INFORMANT Address Edna Gander 4736 Tennessee Ave.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Asphyxiation, due to drowning</i>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) <i>929.8 42</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <i>Verdict given at foot of 5000 S Woodway</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <i>cause and manner of same could not be determined</i>			
20d. INJURY OCCURRED WHILE AT WORK <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.) <i>150 River</i>	
20f. CITY, TOWN, OR LOCATION <i>St. Louis Mo</i>		STATE	
21. I attended the deceased from Death occurred at <i>4151</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Patrick C. Taylor Curran</i>		22b. ADDRESS <i>1300 Clark</i>	
22c. DATE SIGNED <i>5-12-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/14/59	23c. NAME OF CEMETERY OR CREMATORY St. Mathews Cem.	23d. LOCATION (City, town, or county) (State) St. Louis, Mo
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. MAY 12 '59	26. REGISTRAR'S SIGNATURE, <i>Roan Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

*Wick*

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 *J. A. Thompson* .....

Licensed Embalmer No. *4772* .....

P. O. Address *Sullivan, 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.