

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038423

FILED VS NOV 16 1959

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2993

UNENDED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Ann		Length of stay in lb 3 years	c. CITY OR TOWN St. Ann Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 3500 St. Joachim Lane		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 3500 St. Joachim Lane Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MATTIE Middle WASHINGTON Last HAMMER	4. DATE OF DEATH Month November Day 9 Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 23, 1886	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months 1 Days 18	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Factory Worker	10b. KIND OF BUSINESS OR INDUSTRY Liggett & Meyers	11. BIRTHPLACE (City and state or country) Pacific, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Henry Hammer	13b. MOTHER'S MAIDEN NAME Sallie Omohundro	14. NAME OF HUSBAND OR WIFE None
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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. 494-07-8033A	17. INFORMANT Charles Upchurch, 3500 St. Joachim
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cerebral	INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) And Cardiovascular Disease	
DUE TO (c) re Cerebral Thromboses	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour 5 Month, Day, Year May 59	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from May 59 to Nov. 9, 1959 and last saw her alive on Nov. 9, 1959
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Death occurred at **6:55 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Dalton M.D. (Degree or title)	22b. ADDRESS 453 N. Taylor	22c. DATE SIGNED 11/10/59
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23a. BURIAL CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Pacific City Cemetery	23d. LOCATION (City, town, or county) (State) Pacific, Missouri
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24. FUNERAL DIRECTOR ADDRESS Ambruster Mortuary, 6633 Clayton Rd.	25. DATE RECD. BY LOCAL REG. 11-11-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Fred Hammer

Licensed Embalmer No. *4788*

P. O. Address *St. Louis*

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.