

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-008299

FILED VS. MAR 7 1960

Registration District No. Primary Registration District No. Registrar's No. 2 1829 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b 22 yrs c. CITY OR TOWN St. Louis Inside Limits Yes [X] No [] d. STREET ADDRESS (If outside, give location) 3703 Keokuk Reside on Farm Yes [] No [X]

3. NAME OF DECEASED First Middle Last Augusta O. Hammer 4. DATE OF DEATH Month Day Year February 14 1960

5. SEX F 6. COLOR OR RACE W 7. Married [] Never Married [] Widowed [X] Divorced [] 8. DATE OF BIRTH 2/6/1867 9. AGE (last birthday) 93 IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Guerdan 13b. MOTHER'S MAIDEN NAME Christine Schulle 14. NAME OF HUSBAND OR WIFE Ludwig F. Hammer

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. No 17. INFORMANT Address Nettie C. Hammer 3703 Keokuk

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIO SCLEROTIC HEART DISEASE DUE TO (b) GENERALIZED ARTERIO SCLEROSIS 420.0 DUE TO (c) INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ANEURYSM OF ABDOMINAL AORTA PART III. If deceased was female was there a pregnancy in last 90 days. [] Yes [X] No [] Unknown

19. WAS AUTOPSY PERFORMED? YES [] NO [X] 20a. ACCIDENT [] SUICIDE [] HOMICIDE [] 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 WORK [] NOT WHILE AT WORK [] 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 12/3/59 to 2/14/60 and last saw her/him alive on 2/14/60 Death occurred at 11:50P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) George A. Ransom M.D. 22b. ADDRESS 5203 CHIPPewa 22c. DATE SIGNED 2/15/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 2/17/60 23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery 23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR'S ADDRESS Hoffmeister Colonial Mortuary 6464 Chippewa St. St. Louis, Mo. 25. DATE RECD. BY LOCAL REG. FEB 17 1960 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bill C. Hanson

Licensed Embalmer No. 4769

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.