

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007137

STATE FILE NUMBER

AMENDED Registration District No. 317 Primary Registration District No. 500 Registrar's No. 472

FILED VS MAR 2 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Crestwood Mo Length of stay in lb YRS.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9922 Harwich Drive Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY St. Louis
 c. CITY OR TOWN Crestwood Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 9922 Harwich Drive Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
ALVIN H HAMMEL

4. DATE OF DEATH Month Day Year
Feb/ 14 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3/15/1892 9. AGE (last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

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

13a. FATHER'S NAME John Hammel 13b. MOTHER'S MAIDEN NAME Barbara Hoffman 14. NAME OF HUSBAND OR WIFE Melba Hammel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I 16. SOCIAL SECURITY NUMBER Yes 17. INFORMANT Address Mrs. Marcella Welch 9922 Harwich Dr

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Unknown Natural Cause
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____
 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:
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 a.m. p.m. Month, Day, Year
 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 _____ to _____ and last saw her/him alive on _____.
 Death occurred at 1:58P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deputy or title) John C. Murphy MD Asst. Health Commissioner 22b. ADDRESS 801 S. Brentwood CLAYTON, MO. 22c. DATE SIGNED _____

23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 23b. DATE 2/15/1961 23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory 23d. LOCATION (City, town, or county) (State) St. Louis County Mo

24. FUNERAL DIRECTOR ADDRESS C. R. Lupton and Sons 7233 Delmar Blvd. 25. DATE RECD. BY LOCAL REG. 2-15-61 26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

DATE AMENDED _____
 INSTEAD OF _____
 DOCUMENT _____
 MEDICAL CERTIFICATION _____
 SHOULD READ _____
 BY AFFIDAVIT OF _____
 ITEM NO. _____

87
Hammel Co
County Coroners

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 Clarence A. Mirra

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.