

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-011948

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 861

AMENDED

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEBSTER GROVES, MO.		Length of stay in days 32	c. CITY OR TOWN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) #4 Tealwood

3. NAME OF DECEASED (Type or print) First ANNA Middle KUEST Last HAMMOND			4. DATE OF DEATH Month 3 Day 27 Year 61	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/20/1879	9. AGE (last birthday) 81 yrs
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME John Kuest		13b. MOTHER'S MAIDEN NAME Katherine Duetman		14. NAME OF HUSBAND OR WIFE Dr. Harry B. Hammond
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. None	17. INFORMANT Address Mr. Thomas B. Hammond #4 Tealwood	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) myocardial insufficiency		
arteriosclerotic heart disease		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	CVA

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **cerebral arteriosclerosis** if deceased was female was there a pregnancy in last 90 days Yes No Unknown

diabetes mellitus, senile psychosis due to

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 4 a.m. Month, Day, Year 2-23-61		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **2-23-61** to **3-27-61** and last saw **her** alive on **3-27-61**
Death occurred at **4:15 a.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas B. Hammond	22b. ADDRESS 1300 Grant Rd.	22c. DATE SIGNED 3-27
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE March 29, 1961	23c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	23d. LOCATION (City, town, or county) (State) Troy, Mo.
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24. FUNERAL DIRECTOR ADDRESS Gleason & Sons 6125 Delmar	25. DATE RECD. BY LOCAL REG. 3-28-61	26. REGISTRAR'S SIGNATURE John B. Hammond
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(Licensed Embalmer's Statement on Reverse Side)

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

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 jos. g. McCulloch

Licensed Embalmer No. 2764

P. O. Address 6140 Palma

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.