SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022641
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6137

ED JUL 12 1961

DATE AMENDED

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY St Clair
c. CITY OR TOWN E.ST. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 739 Veronica
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Julius Middle: Hankammer Last:
4. DATE OF DEATH Month: 6 Day: 28 Year: 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-17-1885
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY: packing house
11. BIRTHPLACE (City and state or country): Milstadt, Illinois
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: William Hankammer
13b. MOTHER'S MAIDEN NAME: Caroline Mehl
14. NAME OF HUSBAND OR WIFE: Bertha Hankammer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: Leo Hankammer ~~Leo Hankammer~~ Address: 1420 Sulvian St Louis, Mo

INSTEAD OF

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Ventricular Fibrillation — 1 wk
DUE TO (c) Left Bundle Branch Heart Block — 1 wk
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cholelithiasis + Umbilical Hernia 420.1
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 St. Louis COUNTY Missouri STATE

DOCUMENT

21. I attended the deceased from 6/22/61, to 6/28/61 and last saw her/him alive on 6/28/61
Death occurred at 6/28/61 1:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

SHOULD READ

22a. SIGNATURE (Degree or title) Anthony J. Vitale MD
22b. ADDRESS 7130 Natural Bridge
22c. DATE SIGNED 6/30/61

ITEM NO.

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-1-1961
23c. NAME OF CEMETERY OR CREMATORY: St. James
23d. LOCATION (City, town, or county) (State): Milstadt, Illinois
24. FUNERAL DIRECTOR: Josephine Schmidt ADDRESS: 218 S Metter Columbia, Ill
25. DATE RECD. BY LOCAL REG.: JUN 30 1961
26. REGISTRAR'S SIGNATURE: Karl Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by me, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Josephine Schm

Licensed Embalmer No. 7075

P. O. Address Calum
Al

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.