

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

46060

1. PLACE OF DEATH

County ST. LOUIS
Township Central
City UNIVERSITY CITY (No. 1332 KINGSLAND)

Registration District No. 489
Primary Registration District No. 6033

File No. _____
Registered No. 343 Ward _____

2. FULL NAME

JOHANNA HAMBLY
(a) Residence, No. 1332 KINGSLAND Ward _____
(Usual place of abode)
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOW</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOHN HAMBLY</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>JAN. 1, 1872</u>			
7. AGE	YEARS <u>64</u>	MONTHS <u>11</u>	DAYS <u>8</u>
		If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>HOUSEKEEPER</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year).....		
		11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>CUBA MO</u>	
FATHER	13. NAME <u>PATRICK STACK</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND</u>
MOTHER	15. MAIDEN NAME <u>MARY UNK.</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>IRELAND.</u>
17. INFORMANT (ADDRESS) <u>MARY REAGAN, 1332 Kingsland av</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY CEM</u> DATE <u>DEC. 12 1936</u>	
19. UNDERTAKER (ADDRESS) <u>E. J. Schumacher, 3125 Lafayette av.</u>	
20. FILED <u>12-11-1936</u> <u>W. Baechner</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1935, to Dec 9 1936

I last saw her alive on Dec 9 1935, 1935. Death is said to have occurred on the date stated above, at 8:45 pm.

The principal cause of death and related causes of importance were as follows:

Cardio Renal Disease

Date of onset

Other contributory causes of importance:

Asplenia

Name of operation No operation Date of _____
What test confirmed diagnosis Spinal fluid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Jesse R. Smith, M. D.
(Address) 6725 Burkley
St. Louis Mo

