V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1944

Registration District No. 818

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 23044

Registrar's No. 6793

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: FIRMAN DESLOGE HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether years, months or days)

In this community 40 YEARS

2. USUAL RESIDENCE OF DECEASED: 000

(a) State MO. (b) County 17

(c) City or town ST. LOUIS 919 (If outside city or town limits, write "RURAL")

(d) Street No. 4125 LINDELL BLVD. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME CHARLES W. HAM

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, married, widowed, divorced MARRIED

6. (b) Name of husband or wife KATHRYN HAM

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased SEPT. (Month) 27, (Day) 1893 (Year)

8. AGE: Years 50 Months 10 Days 5 If less than one day hr. min.

9. Birthplace QUINCY (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation DIST. ASSESSOR

11. Industry or business CITY OF ST. LOUIS

FATHER 12. Name GEORGE HAM

13. Birthplace DONT KNOW (City, town, or county) ILLINOIS (State or foreign country)

MOTHER 14. Maiden name JANE CRAIG

15. Birthplace DONT KNOW (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant KATHRYN HAMM

(b) Address 4125 LINDELL BLVD.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-4-44 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 LINDELL BLVD.

19. (a) AUG 3 1944 (Date received local registrar) (b) J. F. Biedek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 2, year 1944 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 6th 44, 19..., to Aug. 12th 1944, 19..., that I last saw him alive on Aug. 2nd 1944, 19..., and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Gastro-intestinal hemorrhage

Due to Carcinoma of pancreas.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma of head of pancreas.

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harry G. Morton (M. D. or other)

Address 607 N. Grand Date signed 8/3/44

84K (Licensed Embalmer's Statement on Reverse Side)

Dr Warren G Marston
University Club Bldg
2-4

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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 this body is not embalmed, fact should be so stated above.