

S. No. 2
M-5-43
v. 5-17-39
V I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14762**

FILED APR 24 1946
318

1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Dealoge Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **3429**

(a) State Mo (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4249a Sarpy Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Hamann, Julia

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 11 1918
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1946 hour 11:50 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

<u>27</u>	<u>9</u>	<u>1</u>	_____ hr. _____ min.
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Immediate cause of death Uremia

Due to Carcinoma of the Cervix (Squamous cell)

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Machine Operator

11. Industry or business Tool Co

12. Name Charles Hamann

13. Birthplace Warren County Mo
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Frazer

15. Birthplace New Haven Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hamann
(b) Address 4229a Sarpy Ave

17. (a) Burial (b) Date thereof 4 15 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) APR 15 1946 (b) _____
(Date received local registrar) (Registrar's signature)

Major findings: Cervical biopsy - 11/10/45 - Squamous Cell Cx of Cervix Stage III

Of autopsy None Leucop III

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alexander S. Bessler (M. D. or _____)
Address 1325 S. Grand Date signed 4/13/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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..... *Elwin O Mc Dermott*.....
Licensed Embalmer No..... *3024*.....
P. O. Address.....

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.