

FILED MAR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6219
1719

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. LENGTH OF STAY (In this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alma 8130		d. STREET ADDRESS (If rural, give location) 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hosp.				4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1950					
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Melvin Lee Hammon			5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		
8. DATE OF BIRTH Feb. 9, 1950			9. AGE (In years last birthday) 11		IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
10a. USUAL OCCUPATION			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Salem, Illinois		12. CITIZEN OF WHAT COUNTRY? Amer.		
13a. FATHER'S NAME Ira C. Hammon			13b. MOTHER'S MAIDEN NAME Mildred Kelly		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Absence of transverse colon, congenital Peritonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 11 days	
19a. DATE OF OPERATION 2-12-50		19b. MAJOR FINDINGS OF OPERATION Same as 18 (a)				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 7562 (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 2-10-1950, to 2-20-1950, that I last saw the deceased alive on 2-20-1950 and that death occurred at 1:30 pm., from the causes and on the date stated above.									
23a. SIGNATURE Wm. G. Klingberg MD (Degree or title)				23b. ADDRESS		23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2-21-50		24c. NAME OF CEMETERY OR CREMATORY Alma		24d. LOCATION (City, town, or county) (State) Alma, Ill.			
DATE REC'D BY LOCAL REG. FEB 21 1950		REGISTRAR'S SIGNATURE J. B. Pascoe		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Strauss Ill					

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

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
Student Embalmer

Signed _____

Licensed Embalmer No. 2162

P. O. Address E. St. Louis, Ill.

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.