

FILED MAR 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9642  
Registrar's No. 2496

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2496	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) ST. LOUIS, MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		2249	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2122 CHEROKEE				d. STREET ADDRESS (If rural, give location) 2122 CHEROKEE			
3. NAME OF DECEASED (Type or Print) LOUISE		a. (First)		b. (Middle) -		c. (Last) BAMMERT	
4. DATE OF DEATH (Month) (Day) (Year) MAR. 14 1952		5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH JAN. 15, 1871		9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U	
13a. FATHER'S NAME FRANK BAMMERT		13b. MOTHER'S MAIDEN NAME MARY Von FELTON		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SOPHIE BAMMERT 2122 CHEROKEE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____				MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 wk				ANTecedent CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis (Hypertension) 10 yrs	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				331X	
22. I hereby certify that I attended the deceased from Jan 1, 1942, to Mar 14, 1952, that I last saw the deceased alive on Mar 14, 1952, and that death occurred at 11:05 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. Stachemier M.D.		23b. ADDRESS 6811-9 Grannis Ave		23c. DATE SIGNED 3/17/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR. 17 1952		24c. NAME OF CEMETERY OR CREMATORY S. S. PETER & PAUL		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL REG. MAR 17 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas Kuttis 2906 Grannis			

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*James E. Hill*

Signed .....  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*43470*

P. O. Address \_\_\_\_\_

*2916 Harris*

**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.**