

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-002356

STATE FILE NUMBER

Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 54

FILED FEB 6 1963

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Lincoln</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Elsberry</b> Length of stay in 1b <b>7 Wks.</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> c. CITY OR TOWN <b>Florissant</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1245 Wadsworth Dr.</b> Reside on Farm: Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Sunset Retirement Home</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1245 Wadsworth Dr.</b> Reside on Farm: Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>3. NAME OF DECEASED</b> (Type or print) First <b>Arthur</b> Middle <b>William</b> Last <b>Hammel Sr.</b>			<b>4. DATE OF DEATH</b> <b>2-3-63</b>				
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input checked="" type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12-26-85</b>	<b>9. AGE (last birthday)</b> <b>77 Yrs.</b>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.	<b>IF UNDER 24 HR</b> Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Salesman</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>General Sales</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>William Hammel</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Emelie Rohdy</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>		

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>None</b>	<b>16. SOCIAL SECURITY NO.</b> 	<b>17. INFORMANT</b> <b>Arthur Hammel</b> Address <b>Elsberry Missouri</b>
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<b>18. CAUSE OF DEATH</b> (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Parkinsons Disease</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>8 years</b>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)	
<b>20c. TIME OF INJURY</b> Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____			

<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>	COUNTY	STATE
<b>21. I attended the deceased from</b> <u>November 1962</u> <b>to</b> <u>Feb 2 1963</u> <b>and last saw</b> <sup>her</sup> <b>him</b> <b>alive on</b> <u>2-2-1963</u> Death occurred at <u>2:15 AM</u> <b>on</b> the date stated above, and to the best of my knowledge, from the causes stated.				

<b>22a. SIGNATURE</b> (Degree or title) <i>H H Callaway DO</i>	<b>22b. ADDRESS</b> <i>Elsberry Mo</i>	<b>22c. DATE SIGNED</b> <i>2-4-63</i>
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<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>23b. DATE</b> <b>2-6-63</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Bellefontaine Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Missouri</b>
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<b>24. FUNERAL DIRECTOR</b> <b>White-Mullen Ferguson Missouri</b> ADDRESS	<b>25. DATE RECD. BY LOCAL REG.</b> <i>2/4/63</i>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Kay T Kessel</i>
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DO NOT WRITE ON THIS STUB  
 AMENDED  
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 24013  
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 4 0  
 5 3  
 6  
 7 0  
 8 2  
 9350X  
 10  
 11  
 128-2  
 132-0  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 SHOULD READ  
 ITEM NO.  
 BY AFFIDAVIT OF

DOCUMENT  
 MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Schumann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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