

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS

Registration District No.....
Primary Registration District No. 1003
(No. MO. PACIFIC HOSPITAL)

File No. 3289
Registered No. 317
St. _____ Ward _____

2. FULL NAME

Bonaparte Woodsey Hammer

(a) Residence, No. 3327 Caroline St. 18 Ward. 1
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MATTIE HAMMER.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>APRIL 13 - 1876</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>8</u>	DAYS <u>25</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>MACHINIST</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>HELPER, 6th</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNESSEE</u>
	13. NAME <u>HENRY HAMMER</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNI</u>
	15. MAIDEN NAME <u>LAFER, COOPER</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNI</u>
	17. INFORMANT <u>MATTIE HAMMER</u> (ADDRESS) <u>3327 CAROLINE ST</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>BISMARCK MO</u> DATE <u>JAN 9 1937</u>	
19. UNDERTAKER <u>E. J. Schurr</u> (ADDRESS) <u>312 So Lafayette Ave</u>	
20. FILED <u>JAN 8 1937</u> <u>J. Bredeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7 1937

22. I HEREBY CERTIFY That I attended deceased from 12-21 1936 to 1-7 1937

I last saw him alive on 1-7 1937. Death is said to have occurred on the date stated above, at 8:50 A. m.

The principal cause of death and related causes of importance were as follows:

Hypertensive Heart Disease Date of onset 1-10-36
Terminal bronchopneumonia 12-31-36

Other contributory causes of importance: 95%

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) R. H. McShay M. D.
(Address) Mo. Pac. Hospital

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

