DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37323

Registration District No. 7911 — Primary Registration District No. — Registrar's No. 9596

FILED DEC 17 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DEECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3936 Lafayette Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Edward Charles Hamilton
3. (b) If veteran, name war None
3. (c) Social Security No. 702-16-5049
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Hamilton
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased October (Month) 5, (Day) 1882 (Year)

8. AGE: Years 58 | Months 1 | Days 16 | If less than one day hr. min.

9. Birthplace Fall River (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Conductor
11. Industry or business Missouri Pacific Railroad

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Maria Josephine Cochrane
15. Birthplace Fall River (City, town, or county) Kansas (State or foreign country)

16. (a) Informant's own signature Mary Hamilton
(b) Address 3936 Lafayette Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter & Paul Cem.
18. (a) Signature of funeral director Wm. J. Robert & Co.
(b) Address 1905 So. Grand Blvd.
19. (a) NOV 22 1940 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21 year 1940 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from November 11, 1940, to November 21, 1940; that I last saw him alive on November 21, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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

23. Signature Robert N. Lindell (M. D. or other) M.D.
Address Mo. Pacific Hospital Date signed 11/21/40

(Licensed Embalmer's Statement on Reverse Side)

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

I X19511

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.....John Ketter.....

Licensed Embalmer No.....3880.....

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, above space should be left blank.