

FILED AUG 28 1941

1003

Registration District No. 791

Primary Registration District No. _____

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 _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Andrew Lewis Hamby
 3. (b) If veteran, name war. None
 3. (c) Social Security No. 703-03-0543

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Ethel Childress Hamby
 6. (c) Age of husband or wife if alive 20 years
 7. Birth date of deceased 3 - 11 - 1914
 (Month) (Day) (Year)

8. AGE: Years 27 Months 4 Days 19
 If less than one day hr. _____ min. _____

9. Birthplace Washington County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter
Missouri Pacific Railroad

11. Industry or business _____

12. Name William E. Hamby
 13. Birthplace Unknown Missouri
 (City, town, or county) (State or foreign country)
 14. Maiden name Julia Allen
 15. Birthplace Dent County, Missouri
 (City, town, or county) (State or foreign country)

16. (a) Informant E. MacNicolis
 (b) Address 1755 So. Grand Blvd.

17. (a) Removal (b) Date thereof 7 - 31 - 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation. Sedalia, Missouri

18. (a) Signature of funeral director. Robert J. Ambruster
 (b) Address Clayton Rd. at Concordia Lane.

19. (a) July 31, 1941 (b) J. J. Bredbeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town. Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1715 E. 5th St.
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
 year 1941 hour 6:20 minute P.M. M.
 21. I hereby certify that I attended the deceased from 7-29-41
 19 _____ to 7-30-41, 19 _____
 that I last saw him alive on 7-29-41, 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death Post-operative shock
Acute Intestinal Obstruction
Perforation of bowel
& adhesions of bowel
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Adhesions gangrenous
of operations
small bowel loops
 Of autopsy _____
 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?

While at work? _____ (Specify type of place)
 (e) Means of injury _____
 23. Signature J. J. Bredbeck (M. D. or other) _____
 Address 1755 So. Grand Date signed 7/30/41

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

079

080
6
MR 4

AUG 27 1944

SEP 27 1945

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.....

.....
Van Sizemore

....., Registered Apprentice No. 296

working under my personal supervision.

Signed.....

Edward M. Bookhout

.....
Licensed Embalmer No. 2502

.....
P. O. Address Clayton, Missouri.

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.