26
S. No. 2
—1-4-41
5-17-39
PI XZ5390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36878

Primary Registration District No. 1003

Registrar's No. 9108

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1 D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis 1919
(If outside city or town limits, write "RURAL")

(d) Street No. 4185 Delmar 6
(If rural, give location) D

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Baby Hamilton #1

3. (b) If veteran, name war nil

3. (c) Social Security No. nil

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced S D

6. (b) Name of husband or wife nil

6. (c) Age of husband or wife if alive nil years

7. Birth date of deceased Nov. (Month) 25 (Day) 1941 (Year)

8. AGE: Years | Months | Days 21 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Willard D. Hamilton
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Margaret Mill
15. Birthplace St Louis (City, town or county) Mo (State or foreign country)

16. (a) Informant Willard D. Hamilton
(b) Address 4185 Delmar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 18 41 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Guy Mullen
(b) Address 5041 Delmar

19. (a) NOV 17 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15, year 1941 hour 3:40 minute P. M.

21. I hereby certify that I attended the deceased from October 25, 1941, to November 15, 1941, that I last saw him alive on November 15, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
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 [illegible] M.D. (M. D. or other)

Address 1515 Lafayette Ave., Date signed 11/17/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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