No. 2
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5-17-39
P.I. X2318

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1942

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38802

Primary Registration District No. 1003

Registrar's No. 10663

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

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: Mo. Pacific Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 39 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County St. Clair

(c) City or town Dupo (If outside city or town limits, write "RURAL") NR

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME ELENORA-HAMILTON

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex F

5. Color or race W.

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John W Hamilton

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb (Month) 4 (Day) 1876 (Year)

8. AGE: Years 66 Months 10 Days 14 If less than one day hr. min.

9. Birthplace Cape Girardeau (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation House wife

11. Industry or business Own home

FATHER
12. Name Charles Kaempfer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Louisa Mordock
15. Birthplace Sandoval (City, town, or county) Illinois 4 (State or foreign country)

16. (a) Informant John W Hamilton
(b) Address Dupo Ill

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation Dupo, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) DEC 21 1942 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18 year 1942 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration Pneumonia Fracture of left femur when she fell down the steps at the Dupo Theatre Dupo Ill

Duration

Due to About 6:30 PM. Nov. 8 1942

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) Accident
(b) Date of occurrence Nov 8 1942
(c) Where did injury occur? Dupo (City or town) Ill. (County) 136 (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? no (e) Means of injury fall

23. Signature Thomas F. Callanan (M. D. or other)
Address Deputy Coroner Date signed 12-21-42

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1943

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 Wilford G. Burnley

Licensed Embalmer No. 4205

P. O. Address St. Louis Mo

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.