S. No. 2
DM—5-43
v. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 11301

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3255

**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 1633 California Av. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL") 9 23
(d) Street No. 1633 CALIFORNIA AV. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT A. HAMILTON

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, ~~widowed, married,~~ divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST (Month) 18 (Day) 1924 (Year)

8. AGE: Years 20 Months 7 Days 23 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

10. Usual occupation MAILING DEPT.

11. Industry or business SHAPLEY HARDWARE

FATHER
12. Name ALBERT D. HAMILTON
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ADELIA E WALL
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)

16. (a) Informant Mrs. Adelia E. Wall Hamilton
(b) Address 1633 CALIFORNIA AV.

17. (a) BURIAL (Burial, ~~cremation, or removal~~) (b) Date thereof APRIL 12/45 (Month) (Day) (Year)
(c) Place: burial or cremation NEW ST. MARCUS.

18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.

19. (a) APR 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 10 year 1945 hour 4 minute 10A M.

21. I hereby certify that I attended the deceased from March 8, 1945 to April 10, 1945 that I last saw him alive on April 17, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Stenosis — 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 Albert Wall (M. D. ~~or other~~)
Address 5322 Helen Av. Date signed 4/10/45

(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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 4 Mo

**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.**