

S. No. 2
M-5-43
v. 5-17-39
P 1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21802

Registration District No. **318** Primary Registration District No. **1003** State File No. _____ Registrar's No. **5698**

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:
St. Johns Hospital 0
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Shrewsbury 15
(If outside city or town limits, write "RURAL")
(d) Street No. 7412 Lansdown Ave 0
(If rural, give location) N.R. 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAMUEL L. HAMILL
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 25
year 1946 hour 7 minute 10 P.M.
21. I hereby certify that I attended the deceased from 6/11/46
_____ 1946 to 6/25 1946.
that I last saw him alive on 6/25/46 _____ 1946.
and that death occurred on the date and hour stated above.

4. Sex MALE 0 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 7 1863
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Coronary Occlusion 30 min.
Due to Hypertensive Cardiovascular Disease 10 years

8. AGE: Years Months Days If less than one day
80 7 11 hr. min.

Other conditions Fractured hip at home 2 weeks
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

10. Usual occupation RAILWAY EXPRESS
11. Industry or business _____
12. Name JOSEPH HAMILL 4
13. Birthplace IRELAND 1
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence June 11, 1946 96
(c) Where did injury occur? Home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
See above

14. Maiden name MARY HALCNEY
15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

While at work? _____ (Specify type of place) (e) Means of injury fall 0
23. Signature J. F. Brueck 111 (M. D. or other) _____
Address 671 E. Big Bend Rd Date signed 6/27/46

16. (a) Informant Mrs Helen A. Smith
(b) Address 7412 Lansdown Ave
17. (a) BURIAL (b) Date thereof 6/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAIN CEM.
18. (a) Signature of funeral director M. J. Conaghan
(b) Address 714 Maple Street
19. (a) JUN 27 1946 (Date received local registrar) _____ (Registrar's signature) J. F. Brueck

(Licensed Embalmer's Statement on Reverse Side)

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

17
9

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.....

J. Allen Davis Jr.
.....
Licensed Embalmer No. *4053*.....

P. O. Address *St. Louis*.....

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.