

No. 306  
19-48  
FILED JUL 27 1951THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25728

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2666

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4000</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>North Woods</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy 20,</u> <u>4171</u>	
c. LENGTH OF STAY (In this place) <u>2 Months</u>		d. STREET ADDRESS (If rural, give location) <u>6601 Boles Ave.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6601 Boles Ave.,</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>HAMILTON.</u> c. (Last) <u>HAMILTON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 13, 1951.</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept. 17, 1880.</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MIN. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Janitor</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>William Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Almeda ?</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Hamilton Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-03-4699A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Elenor Boening, 6601 Boles Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
	b. ANTECEDENT CAUSES <u>Hypertensive Heart Disease</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>443X</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 13, 1951 to July 13, 1951, that I last saw the deceased alive on July 13, 1951, and that death occurred at 5:57 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Frank Kent, M.D.</u>	23b. ADDRESS <u>3601 Camarillo Drive, St. Louis, Mo.</u>	23c. DATE SIGNED <u>July 13, 1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 17, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem.,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-16-51</u>	REGISTRAR'S SIGNATURE <u>Albert P. Lombardi</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark 1125 Hodiamont Ave.,</u>
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(Licensed Embalmer) (Signature on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

Dr. Grosskreutz,  
3601 Canna Ave.,  
Pine Lawn, Mo.

1961  
JUN 20 1961  
ST

SEP 1 1964

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Philip J. Haines*  
Licensed Embalmer No. *41108*  
P. O. Address *St Louis 21 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.