

MAY 13 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **72-1**
1003

Township.....

Primary Registration District No.

City *St. Louis*(No. *50297 Alaska Ave*)

File No.

14736

Registered No. **3573**

St. Ward)

2. FULL NAME *Clement Roy Hamilton*(a) Residence, No. *50297 Alaska Ave* *13* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Single*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 31-1926*7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or mtn.
*8 3 18*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *School Boy*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) *Parma Mo*
(STATE OR COUNTRY)13. NAME *Joseph M Hamilton*14. BIRTHPLACE (CITY OR TOWN) *Clarence Mo*
(STATE OR COUNTRY)15. MAIDEN NAME *Sarah Jane Haber*16. BIRTHPLACE (CITY OR TOWN) *St Louis Mo*
(STATE OR COUNTRY)17. INFORMANT *Joseph M Hamilton*
(ADDRESS) *50297 Alaska Ave*18. BURIAL, CREMATION, OR REMOVAL
PLACE *Clarence Mo* DATE *4-20*, 19*35*19. UNDERTAKER *Albert H. Happe Inc*
(ADDRESS) *429 N. Euclid Ave*20. FILED *APR 20 1935* 19. *G. F. Beck*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 18*, 19*35*22. I HEREBY CERTIFY, That I attended deceased from
....., 19....., to....., 19.....

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at *10* m.

The principal cause of death and related causes of importance were as follows:

Strong relaxation due to hanging by rope to bar in clothes closet while playing at residence
Date of onsetOther contributory causes of importance: *1945**Accident*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *No*23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *ACCID.* Date of injury *4/18*, 19*35*Where did injury occur? *St Louis Mo*
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. *Home*Manner of injury *Strangulation due*Nature of injury *to hanging*24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify.....

(Signed) *Gerard J. Kelly*(Address) *Cliffport*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

01