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.

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

OCT 5 1936

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

Do not use this space.

35621

791

1003

File No.

Registered No. 9236

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. St. Lukes Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Dorothy Hamilton

(a) Residence, No. 1932 Palm St., 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1st, 1927

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
9	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School girl

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) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Claude Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oran, Missouri

MOTHER

15. MAIDEN NAME Hilda Mense

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mr. Claude Hamilton 1932 Palm Street.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE Sept. 8th 1936

19. UNDERTAKER (ADDRESS) Hy Leidner Und. Co. 1417 N. Market St.

20. FILED SEP 6 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 4th, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 30, 1936 to Sept. 4, 1936

I last saw her alive on Sept 4, 1936 Death is said to have occurred on the date stated above, at 6:28 p.m.

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

Rheumatic heart disease — Date of onset 1932

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) George H. McDonald, M. D.

(Address) St. Lukes Hosp. 5535 Delmar St. Louis