

NOV 4 1936

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

Do not use this space.

395015

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....  
City St. Louis, Missouri (No. 10442)

Primary Registration District No.....

1008

File No.....

Registered No.....

10542

St.....

Ward.....

B. 10442

2. FULL NAME William Hamilton

(a) Residence, No. 5931 Ridge St., 6 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
90 56 28 0

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

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

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) Delaware

13. NAME Wm Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware

17. INFORMANT Hosp/ Info. M.H. Kent (ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Woods Burial Home DATE Oct 21 1936

19. UNDERTAKER Edith E. Ambrose (ADDRESS) 4234 Manchester

20. FILED OCT 20 1936 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/20/36 19..

22. 10/14/36 I HEREBY CERTIFY, That I attended deceased from 10/20/36 19..

I last saw h. him alive on 10/20/36 19.. Death is said to have occurred on the date stated above, at 10/20/36

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

Benign hypertrophy of prostate & atherosclerosis Date of onset 1-47  
Atherosclerotic heart disease 3.8.22  
Coronary atherosclerosis 10/17/36

Other contributory causes of importance:

Name of operation Transurethral resection of prostate Date of 10/19/36

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Thos W. Swan \_\_\_\_\_, M. D. (Address) City Hospital No. 1

CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

