

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.

OCT 5 1936

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.....

791

48921

Township.....

Primary Registration District No.....

1003

File No.....

9451

City St. Louis, Missouri

City Hospital No. 1

Registered No.....

St. Ward)

B.8380 Baby Hamilton

2. FULL NAME

(a) Residence, No. 3319 N 9th St. 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 1936

7. AGE - YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
stillborn 0 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.
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, Missouri

13. NAME Harold Hamilton

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

15. MAIDEN NAME Mildred Bectol

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Venice Illinois

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

18. BURIAL, CREMATION, OR REMOVAL PLACE FRIEDENS DATE SEPT. 14 1936

19. UNDERTAKER SUED MEYER & SONS
(ADDRESS) 3934 N. 20 ST.

20. FILED J. T. Bredeck
Registrar.

SEP 14 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/31/36, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/31/36, 19, to 8/31/36, 19.

I last saw him alive on 8/31/36, 19. Death is said to have occurred on the date stated above, at 1.30 P.

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

Still born

Date of onset

Other contributory causes of importance:

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

Was 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) [Signature] M. D.

(Address) City Hospital No. 1

