

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

36081
Do not use this space.

1. PLACE OF DEATH **NOV 15 1937**
 (a) County..... Registration District No. **2 791**
 (b) Township..... Primary Registration District No. **1009**
 (c) City **St. Louis** (d) Street No. **7000 Oleatha Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. **7** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Anna Hamill**
 (a) Residence, No. **7000 Oleatha Ave.** St. **3** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Samuel L. Hamill**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 6, 1855**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	82	6	10	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Housewife**
 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 **Alar Williams**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia**

MOTHER
 15. MAIDEN NAME **Amanda Harmon**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

17. INFORMANT **Samuel L. Hamill**
 (ADDRESS) **7000 Oleatha Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine Cem. 10-18 1937**

19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **11-18 1937 J. F. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-16 1937**

22. I HEREBY CERTIFY, That I attended deceased from **4-6 1937** to **10-16 1937**
 I last saw him alive on **10-16 1937**. Death is said to have occurred on the date stated above, at **7:10 a.m.**
 The principal cause of death and related causes of importance were as follows:
myocarditis
Chronic
93C

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Cholesterol** Has 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) **P. B. Cappel**, M. D.
 (Address) **3239 Franklin**

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.

OCCUPATION 829
FATHER 2
MOTHER 2

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Edwin M. Permitt

Licensed Embalmer No.

3024

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.)