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.

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

791 2

149
Do not use this space.

1. PLACE OF DEATH —
(a) County FEB 12 1938 Registration District No. 1003
(b) Township Primary Registration District No. Registered No. 5
(c) City St. Louis Mo. (d) Street No. 5414 Loughborough 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Hamtil 534
(a) Residence, No. 5414 Loughborough Ave. St. 2
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Antoinette Hamtil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 12 1882

7. AGE: YEARS 55 | MONTHS 6 | DAYS 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as saw mill, bank, etc.: Grocery Merchant
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): Bohemia

FATHER
13. NAME: John Hamtil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bohemia

17. INFORMANT (ADDRESS): Antoinette Hamtil, 5414 Loughborough Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New S.S.Peter & Paul DATE: Jan 3 1938

19. FUNERAL DIRECTOR (ADDRESS): Thos Kutis, 2906 Gravois Ave.

20. FILED: JAN 1 1938 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 31 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/25, 1937, to 12/31, 1937
I last saw him alive on 12/31, 1937. Death is said to have occurred on the date stated above, at 7 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Germinal Broncho-pneumonia	12/26/37

Other contributory causes of importance:
Carcinoma of prostate with metastases to spine, pelvis & femurs 1 yr.

Name of operation: no Date of
What test confirmed diagnosis? Xray 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) Wm J Watson M. D.
(Address) 3804 Wilmington

(Licensed Embalmer's Statement on Reverse Side)

3806 Wilmington Ave
Dr. [illegible]

STATEMENT BY LICENSED EMBALMER

I, THOMAS KUTIS, Licensed Embalmer No. 1619

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

L. E. L.E.1619

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)