

REC'D MAR 14 1938

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

4813  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **St. Anthony Hospital** Registered No. **1458**  
(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 **John J. Hamilton 543**

(a) Residence, No. **6629 Idaho ave.** St. **1**  
(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 **Louise**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 17, 1862**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**75 7 20**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Steel Worker**

9. Industry or business in which work was done, as saw mill, bank, etc. **Retired**

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) **James Scotlandn 4**

13. NAME **James Hamilton 4**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland 5**

15. MAIDEN NAME **Johanna Murphy**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **John J. Hamilton Jr**  
(ADDRESS) **6629 Idaho ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **Feb. 10**, 19**38**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**  
(ADDRESS) **7814 S. Broadway**

20. FILED **FEB 9 1938** **J. D. B. B. B.**  
State Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 7**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **Feb - 3 -**, 1938, to **Feb - 7 -**, 1938

I last saw him alive on **Feb. 7**, 1938. Death is said

to have occurred on the date stated above, at **11:05 P.M.**

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

**Lobar Pneumonia** Date of onset **Feb. 28**

Other contributory causes of importance:

**Emphysema - Bronchitis**

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

What test confirmed diagnosis? **Identify** 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? **no**

If so, specify .....

(Signed) **Fred S. Perry**, M. D.

(Address) **8502 E. Bluffton Ave. St. Louis Mo.**

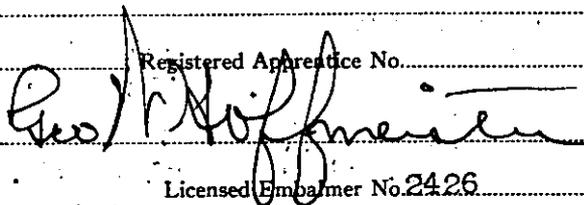
STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by L. C. Hoffmeister #3871

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Signed

  
Registered Apprentice No. \_\_\_\_\_  
Licensed Embalmer No. 2426

**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.)**