

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

1003

30627

Do not use this space.

8064

1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. Homer Phillips Hospital 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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Ocie Hampton  
 (a) Residence, No. 1924a Delmar St. 21 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
32 11 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil  
 9. Industry or business in which work was done, as 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) Tennessee

FATHER 13. NAME Thomas Morrell

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

MOTHER 15. MAIDEN NAME Sarah Shelton

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

17. INFORMANT (ADDRESS) Evelyn Hilliard  
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis, Tenn. DATE Sept. 12, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. L. Garner  
2829 Washington Ave.

20. FILED SEP 12 1938 J. F. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1938 to Sept. 8, 1938

I last saw him alive on Sept. 8, 1938 Death is said to have occurred on the date stated above, at 7:10a m.

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

Lobar pneumonia

Date of onset 8/5/38

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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 H. J. Lyman, M. D.  
 (Signed) E. L. Garner  
 (Address) 2601 N. Whittier

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Isaac Jerome Maslow*

or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*Isaac Jerome Maslow*

Licensed Embalmer No. 3994

P. O. Address 3655 Windsor

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

**If this body is not embalmed, above space should be left blank.**