DEC 12 1938

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

37963
Do not use this space.

1. PLACE OF DEATH

(a) County ..... | Registration District No. 791

(b) Township ..... | Primary Registration District No. 1002 Registered No. 10290

(c) City St. Louis (d) Street No. BARNES 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 ALEXANDER Hamilton

(a) Residence, No. 7207 Pershing St. N.R. UNIVERSITY, Mo

(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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1870

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 68 | 2 | 28 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Banker

9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis Union Trust Co.

10. Date deceased last worked at this occupation (month and year) Nov. 16, 1938

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Charles Hamilton

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

MOTHER

15. MAIDEN NAME Phoebe Shockey

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

17. INFORMANT (ADDRESS) wife - 7207 Pershing Gertrude A. Hamilton.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Valhalla Cem. DATE Nov 29 - 1938

19. FUNERAL DIRECTOR (NAME) C. R. Lupton & Sons (ADDRESS) #7233 Delmar Blvd

20. FILED ..... 19.... J. J. Bredeck Local Registrar.

NOV 28 1938

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 16, 1938, to Nov. 27, 1938

I last saw him alive on Nov. 27, 1938. Death is said to have occurred on the date stated above, at 3:15 p.m.

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

| | Date of onset |
|---|---|
| Coronary Infarction | |

Other contributory causes of importance:

Hypertensive Heart Disease

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

What test confirmed diagnosis? Clinical & Lab. 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? No

If so, specify .....

(Signed) Lawrence D. Thompson, M. D.

(Address) BARNES HOSPITAL

Licensed Embalmer's Statement on Reverse Side)

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.

## 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, Clarence H. Murray, or by

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

Signed Clarence H. Murray.

Licensed Embalmer No. 4011.

P. O. Address St. Louis, Mo.

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

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