

REC'D FEB 10 1939

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

359
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City..... **St. Louis** / (d) Street No. **Homer Phillips Hospital** St.
(e) Length of residence in city or town where death occurred **34** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **543 Ormon Hamilton**

(a) Residence, No. **1430 Rear N 21st Street** St. **21**
(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 **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **MARRIED**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7, 1890**

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

48	9	28	
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Janitor**
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) **Ohio**13. NAME **George Jones**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**15. MAIDEN NAME **Emma Hamilton**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ohio**17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **Jan 11, 1939**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Dement - son**
2631 Wash of20. FILED **JAN 11 1939** **G. J. Braddock** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 5, 1939**22. I HEREBY CERTIFY, That I attended deceased from **Dec. 1, 1938** to **Jan. 5, 1939**

I last saw him alive on **Jan. 5, 1939** Death is said to have occurred on the date stated above, at **8:35a** m.

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

Cerebral hemorrhageDate of onset **12/17/38**

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 **St. J. Lynn** M. D.
(Signed) **St. J. Lynn**
(Address) **2601 N Whittier**

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, or by L. Boykin

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lomis Boykin

Licensed Embalmer No. 2946

P. O. Address St. Louis

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.)

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