

1939 JUN 12

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

17195
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **781**
(b) Township Primary Registration District No. **1008**
(c) City St. Louis and (d) Street No. Hamer to Phillips Dept. St. **4729**
(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

(a) Residence, No. 223 Valentine St. St. **25**
(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Hamilton
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 45 2 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laborer
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) Alton Ill.
13. NAME Phillip Hamilton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.
15. MAIDEN NAME Beale Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.
17. INFORMANT (ADDRESS) Lena Fort
4423 Alton
18. BURIAL, CREMATION, OR REMOVAL PLACE Alton Ill. DATE 5-25-39
19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. F. Walton
2717 Stoddard St
20. FILED MAY 24 1939 J. B. Pruden

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22-1939
22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on 5-3-39 Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:
Liver Poisoning
self administered
East St. Louis Ill.
Date of onset 16-3
Other contributory causes of importance:
on May 17-1939
Each Time Unknown
Name of operation Date of
What test confirmed diagnosis? Was there a autopsy? Yes
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Suicide Date of injury 5-17-39
Where did injury occur? East St. Louis Ill.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Unknown
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Joseph M. ...
(Signed) Joseph M. ...
(Address) 10 Deputy Coroner

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1 X16403

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*

Licensed Embalmer No. *2114*

P. O. Address.....

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.