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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33728**
Registrar's No. **8425**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Registration District No. **791**
Primary Registration District No. _____

1003

NOV 16 1940

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME WILL HAMLIN
3. (b) If veteran, name war _____
3. (c) Social Security No. 702-18-1161

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Hamlin
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased November 3rd 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 11 37 hr. min.

9. Birthplace Willow Noble Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Flagman

11. Industry or business Railroad Mo. Pacific

12. Name John W. Hamlin

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Lena M. Snyder

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Florence Hamlin
(b) Address 110 El6th, Pittsburg Kansas

17. (a) Removal (b) Date thereof 10/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg Kansas

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) OCT 11 1940 (b) _____
(Date received local registrar) (Signature and signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Unknown
(c) City or town St. Louis (If outside city or town limits, write "RURAL") NR
(d) Street No. Pittsburg Kansas (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th
year 1940 hour 12:35 minute 7 M.

21. I hereby certify that I attended the deceased from Oct. 5, 1940, to Oct. 10, 1940, that I last saw h _____ alive on Oct. 10, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to Ch. Nephritis
Infect.

Due to 131

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ambruster (M. D. or other) MD
Address Pittsburg Kansas Date signed 10-11-40

APR 22 10 17

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.....

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

Signed *Edward J. Bockhorst*

Licensed Embalmer No. *2502*

P. O. Address *Clayton MO*

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, fact should be so stated above.