

FILED NOV 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36340
State File No.

Registration District No. 74

Primary Registration District No. 200

Registrar's No. 2058

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(c) Name of hospital or institution: Robert H. Koch Hospital
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 1152 days
(Specify whether
In this community unknown
years, months or days)

3. (a) PRINT
FULL NAME

Hamilton, William

3. (b) If veteran,
name war

none

3. (c) Social Security
No. none

4. Sex M

5. Color or
race Negro

6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased

October 7, 1898
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

42 0 24 hr. min.

9. Birthplace

West Point Miss
(City, town, or county) (State or foreign country)

10. Usual occupation

Electric Worker

11. Industry or business

Steel Foundry

12. Name

William Hamilton

13. Birthplace

Quincy Miss
(City, town, or county) (State or foreign country)

14. Maiden name

Pearl Livingston

15. Birthplace

Quincy Miss
(City, town, or county) (State or foreign country)

16. (a) Informant

PH

(b) Address

Koch Hospital

17. (a)

Burial

(b) Date thereof

11-4-1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Washington Park Cem.

18. (a) Signature of funeral director

W. H. Hall

(b) Address

4107 Finney Ave.

19. (a)

NOV 4 1940

(b)

W. H. Hall
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3414 Laclede
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1940 hour 1 minute 10 P.

21. I hereby certify that I attended the deceased from September 4, 1937, to Oct. 31, 1940,
that I last saw him alive on October 31, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis 3 1/2 yrs
Due to

Due to

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 sta-
tistically.

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)
(a) Means of injury

23. Signature R. W. Polk (M. D. or other)
Address Koch, Mo Date signed 11/1/40

(Licensed Emballer's Statement on Reverse Side)

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

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 _____

James A. Johnson & A.T. Frost, Jr., Registered Apprentice No. 265
working under my personal supervision.

Signed _____

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

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.