

D. 2  
13-40  
7-39  
X23159

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10893

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:  
4049 St. Louis Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days 2

3. (a) PRINT FULL NAME Granville H. Hamilton

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 484-09-5443

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sophia Hamilton 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased. Aug. (Month) 20 (Day) 1877 (Year)

8. AGE: Years 63 Months 4 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace \_\_\_\_\_ (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Superintendent

11. Industry or business Scullin Steel Co.

12. Name John Hamilton

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

14. Maiden name Unknown

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

16. (a) Informant Sophia Hamilton

(b) Address 4049 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-41 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 31 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4049 St. Louis Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1940 hour 9 minute 7 P. M.

21. I hereby certify that I attended the deceased from Sept June 24, 1940, to Dec 30, 1940 that I last saw him alive on Dec 30, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Acemia Duration 8 days

Due to Nephrosclerosis June 1940

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy \_\_\_\_\_

Duration  
8 days  
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 J. F. Bredeck (M. D. or other) Address 549 W. Grand Blvd Date signed 12/31/40

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

MOTHER FATHER

1-430  
Humboldt Hall  
J

**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 Warren G. Carver

Licensed Embalmer No. 3534

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, fact should be so stated above.**