FILED MAY 13 1941

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12956

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 3386

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hosp. (If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 67
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 21
(d) Street No. 800 N. Jefferson (If rural, give location) 7
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charlie Hamilton

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male V
5. Color or race Col
6. (a) Single, widowed, married, divorced unk
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
abt 60			hr. min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation unknown
11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Henry Lee
(b) Address 28229 Franklin Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 19 41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk
18. (a) Signature of funeral director A. Walton
(b) Address 2707 Stoddard St
19. (a) APR 19 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-43 day 13 year 1941 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from 3-31- 1941, to 4-13- 1941; that I last saw him alive on 4-13- 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	4 days
Due to: Renal Tumor, non malignant	Indefinitely
Due to:	
Other conditions (Include pregnancy within 3 months of death)	56
Major findings: Of operations	
Of autopsy As above	54

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address 2601 N. Whittier St. Date signed 4-17-41

(Licensed Embalmer's Statement on Reverse Side)

not embalmed.

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.....

Licensed Embalmer No.....

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.