

Registration District No. 784

Primary Registration District No. J00

Registrar's No. 1137

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 12719 - Jernison  
(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) HAMBLETON

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 2719 Jernison  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME CHRISTINA M. HAMBLETON

3. (b) If veteran, name war None

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28  
year 1941 hour 10 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 10, 1941, to May 28, 1941;  
that I last saw her alive on May 27, 1941;  
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife MELVILLE

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Apr. 12, 1870  
(Month) (Day) (Year)

Immediate cause of death Cerebral  
River

Duration 1 yr?

8. AGE: Years Months Days If less than one day

71 1 16 hr. 4 min.

Due to unknown

Due to .....

Other conditions Hypertension  
(Include pregnancy within 6 months of death)

Major findings:  
Of operations.....

Of autopsy.....

9. Birthplace Hennepin  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife at home

11. Industry or business.....

12. Name unknown

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

14. Maiden name unknown

15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Melville Hambleton

(b) Address 2719 - Jernison Overland, Mo

17. (a) BURIAL (b) Date thereof 5-30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Blumhagen Bros Inc

(b) Address 2501 Woodson Overland Mo

19. (a) MAY 29 1941 (b) R. Melvin Smith  
(Date received local registrar) (Registrar's signature)

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 R. O. Thompson (M. D. or other)

Address 4439 Sun Terrace Date signed 5/28/41

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

96  
13  
1

MOTHER FATHER

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**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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.**