No. 2
-1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29791

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 7129

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: Homer G Phillips ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 21 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2209 Franklin 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Don Hampton

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male 9

5. Color or race Negro

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

6. (b) Name of husband or wife Lee Hampton

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

7. Birth date of deceased July 1, 1901 (Month) (Day) (Year)

8. AGE: Years 40 | Months 2 | Days 0 | If less than one day hr. min.

9. Birthplace Unknown / Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Unk

11. Industry or business Unk

FATHER
12. Name Don Hampton
13. Birthplace Unknown / Illinois
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Grisiett
15. Birthplace Unknown / Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Florence A Spotts, Secy
(b) Address Homer Phillips Hospital

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-41 (Month) (Day) (Year)
(c) Place: burial or cremation E. St. Louis Ill.

18. (a) Signature of funeral director C. T. Nash
(b) Address 3847 Page Blvd

19. (a) SEP 2 1941 (Date received local registrar) (b) J. T. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 1
year 1941 hour 12:20 minute P.M.

21. I hereby certify that I attended the deceased from August 21, 1941, to September 1, 1941;
that I last saw him alive on September 1, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed 9-2-41

(Licensed Embalmer's Statement on Reverse Side)

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 not

, Registered Apprentice No.

working under my personal supervision.

Signed C J Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.