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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED OCT 7 1941

Registration District No. 384

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 200

State File No. 32666

Registrar's No. 1933

1. PLACE OF DEATH:

(a) County: St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility 6
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: Admitted 9/11/41 (Specify whether years, months or days)
In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 96

(c) City or town: Wellston 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 6280 Suburban Avenue 0
(If rural, give location)

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

3. (a) PRINT FULL NAME: James C. Hamilton

3. (b) If veteran, name war: Spanish-American

3. (c) Social Security No.: -

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Martha Hamilton

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: August (Month) 28 (Day) 1861 (Year)

8. AGE: Years 80 Months 0 Days 17 If less than one day hr. min.

9. Birthplace: Monroe County, (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation: Construction Work

11. Industry or business:

FATHER
12. Name: Joe Hamilton
13. Birthplace: (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Ruth Quinby
15. Birthplace: (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant: M. Schilling
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-18, 1941. (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery.

18. (a) Signature of funeral director: Geo. L. Pleitsch Inc.
(b) Address: 5966-68 Easton Ave.

19. (a) SEP 17 1941 (Date received local registrar) (b) C. A. McDaron (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 15th, year 1941 hour 6:10 minute P. M.

21. I hereby certify that I attended the deceased from Sept. 11, 1941 to Sept. 15, 1941; that I last saw him alive on Sept. 15, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease, cardiac enlargement, myocardial damage and myocardial insufficiency. — Duration: Unknown

~~Due to~~

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

Major findings:
Of operations: -

Of autopsy: No 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): no
(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:

23. Signature: L. M. Cochran (M. D. or other)
Address: Chief Medical Officer. Date signed: 9/16/41

(Licensed Embalmer's Statement on Reverse Side)

DEC 2 2 1942

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 3454 David C. Gibson, Registered Apprentice No. ..... working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton Ave. St. L.

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.