

7. S. No. 2
4-11-10-39
rev. 5-17-39
I X21492

12674

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44-419
4147

FILED MAY 19 1942 91
Registration District No. 91

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Frisco Hospital
(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. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1227 Blackstone Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James A. Hamilton

3. (b) If veteran, name war No. _____ 3. (c) Social Security No. 702-03-5609

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Eli Hamilton 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased May 5, 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Switchmen

11. Industry or business Frisco R. R. Co.

MOTHER FATHER { 12. Name James A. Hamilton
13. Birthplace Md.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Leonard
15. Birthplace Md.
(City, town, or county) (State or foreign country)

16. (a) Informant Nellie Eli Hamilton
(b) Address 1227 Blackstone Ave.

17. (a) Burial (b) Date thereof 5/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address Clayton Rd. at Concordia Lane

19. (a) MAY 11 1942 (b) J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 11th
year 1942 hour 11:25 minute 0 A. M.

21. I hereby certify that I attended the deceased from 5/3/42
to 5/11/42, 1942
that I last saw him alive on 5/11/42, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration 8da.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy none performed

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, or industrial place, in public place? _____

While at work _____ (Specify type of _____)
(c) Manner of injury _____
23. Signature Robert J. Ambruster (M.D. or other) M.D.
Address 3548 40 Grand Date signed 5/13/42

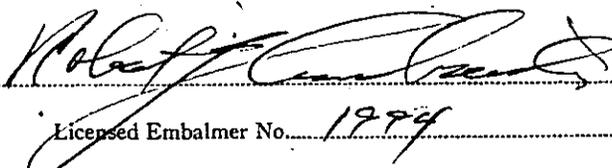
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

108

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 Appfentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 1974

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, above space should be left blank.