

FILED AUG 14 1942

Registration District No.

Primary Registration District No. 1003

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

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:
5092 Raymond Ave./
(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.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(d) Street No..... **5020 Kensington Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Mary Hamilton**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widowed**

6. (b) Name of husband or wife..... **William Hamilton** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **December 15, 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 17 hr. min.

9. Birthplace..... **Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

MOTHER FATHER { 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)

16. (a) Informant **J. F. Wilmsmeier**
(b) Address **5020 Kensington Ave.**

17. (a) **Burial** (b) Date thereof **8-4-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New Bethlehem Cem.**

18. (a) Signature of funeral director **Drehmann-Harral**
(b) Address **1905 Union Blvd.**

19. (a) **AUG 3 1942** **J. F. Bredbeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**
year **1942** hour **12** minute **10P** M.

21. I hereby certify that I attended the deceased from **January**, 1942, to **July 25**, 1942, that I last saw her alive on **August 2**, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death..... **Chronic Myocarditis**

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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?.....

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

23. Signature **Samuel A. Applebaum, M.D.**
Address **5092 Raymond** Date signed **8/2/42**

5092 Reymond
70,0066

Frederick B. Bell
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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 Albert B. Thompson Jr.

Licensed Embalmer No. 4237

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.