

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

FILED MAY 3 1943 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003 Registrar's No. 2911

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:  
4026 N 20th St  
(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 \_\_\_\_\_ (b) County \_\_\_\_\_

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

(d) Street No. 4026 N 20th St.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ernest A Hamwi

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 537-22-5713

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27  
year 1943 hour 3 minute 25 AM

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Race White

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

6. (b) Name of husband or wife Linda

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased 12 18 1903  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Chronic Hypertrophic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

59 4 9 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Manufacturer

11. Industry or business Mo Cans Co

12. Name Albert Hamwi

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

14. Maiden name Mrs Knowlton

15. Birthplace Lat Koyun  
(City, town, or county) (State or foreign country)

16. (a) Informant Linda Hamwi

(b) Address 4026 N 20th St

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Fred M Williams

(b) Address 4535 Washington Ave

19. (a) APR 27 1943 (b) J. J. Brudek  
(Date received local registrar) (Registrar's signature)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 3

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Supper House Date signed 4/27/43

**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.....

*G. W. Wilkins*

Licensed Embalmer No. *3575*

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.**