

S. No. 2
M-2.43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19653

State File No. _____

Registration District No. 10008

Primary Registration District No. 1003

Registrar's No. 5341

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

In this community 72 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17
7 23

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

(d) Street No. 2714a Geyer
(If rural, give location)

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

3. (a) PRINT FULL NAME Carrie Hamlin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

6. (a) Single, widowed, married. 2 divorced Widowed

6. (b) Name of husband or wife John L. Hamlin

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

7. Birth date of deceased 8 22 1862
(Month) (Day) (Year)

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

80 9 18 hr. min.

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

10. Usual occupation House-Wife

11. Industry or business At Home

12. Name George Dehn

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

14. Maiden name Marie Beis

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

16. (a) Informant Louise Dehn

(b) Address 2920 Eads

17. (a) Burial (b) Date thereof 6/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette

19. (a) JUN 11 1943 (b) J. J. Brudick
(If not resident, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10, year 1943 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to June 10, 1943;

that I last saw him/her alive on June 10, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Carcinoma of the cervix

Due to Uremia

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

Major findings: Uremia; Uremia; Uremia
URETEIC HEMORRAGE
Of autopsy CA CERVIX; HEART INFARCT; FIBRINOUS PERICARDITIS

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)

(c) Means of injury _____

23. Signature Geo. J. O'Keefe MD (M. D. or other) _____

Address 1515 Lafayette Avenue Date signed 6/10/43

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

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 L. P. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.