

UL 24 1943

318

6367

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
426 Debaliviere Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 50 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Emma L. Hamilton.

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Wm. S. Hamilton. 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 15, 1870
(Month) (Day) (Year)

8. AGE: Years 73 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

12. Name James M. Tibbs,
 13. Birthplace Laurel County, Kentucky,
(City, town, or county) (State or foreign country)
 14. Maiden name Emily P. Lynch,
 15. Birthplace Overton County, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm S Hamilton
 (b) Address 426 Debaliviere Ave.

17. (a) Burial (b) Date thereof 7/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.,

(b) Address 3621 Olive St

19. JUL 14 1943 (b) J. F. Bredek
(Data recorded local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 95
 (d) Street No. 426 Debaliviere Ave.,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 13 1943
 year 1943 hour 2:22 M.

21. I hereby certify that I attended the deceased from Sept 1 - 1944 to July 13 1943
 that I last saw her alive on July 12 - 43
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Duration 1 1/2
 Due to 1 1/2
 Due to 1 1/2

Other conditions Chronic Intestinal
(Include pregnancy within 3 months of death) staphylococcus

Major findings:
 Of operations none
 Of autopsy none

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 no
 (c) Where did injury occur? no
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
no
(Specify type of place)
 While at work? no (a) Means of injury no
 23. Signature D. M. Thompson (b) Date signed 7/14-43
 Address 2739 1/2 Grand (c) Date signed 7/14-43

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

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 *Melvin L. Kämpfer*

Licensed Embalmer No. *4052*

P. O. Address *4005 Lexington*

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.