

**FILED FEB 4 1944**

Registration District No. **318**

Primary Registration District No. **1003**

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

**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:  
St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 Days  
(Specify whether)  
 In this community 39 yrs  
years, months or days

**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") 921  
 (d) Street No. 2028 Carr St  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Dovie Mae Hamilton

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

4. Sex Female 5. Color or race 3 negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Eugene Hamilton  
 6. (c) Age of husband or wife if alive 67 years  
 7. Birth date of deceased Feb 13-1888  
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 11  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Laundress

11. Industry or business \_\_\_\_\_

12. Name Isaac Tagger

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

14. Maiden name Unknown

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

16. (a) Informant Clarence Hamilton

(b) Address 2028 Carr St.

17. (a) Burial (b) Date thereof 1-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Attins Bros

(b) Address 3644 Finney Ave

19. (a) JAN 28 1944 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 24  
 year 1944 hour 9:45 p. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 1.22.44  
 \_\_\_\_\_, 19\_\_\_\_, to 1.24.44  
 \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

that I last saw h. alive on 1.24.44, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death Hepato-Renal Failure

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

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

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 \_\_\_\_\_

23. Signature W. E. A. Ford (M. D. or other) \_\_\_\_\_  
 Address 1234 A. Hopew Date signed 1-29-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 *Ross V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address *3644 Fairway*

**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.