

S. No. 2  
M-5-43  
7-5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5195

State File No. 1910  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether  
in this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3413 A. Juniata St (If rural, give location) 9 16  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Hattie A. Hamilton  
(b) If veteran, name war \*\*\*\*\*  
(c) Social Security No. \*\*\*\*\*

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 24th day February  
year 1944 hour 11:57 minute P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife.....  
6. (c) Age of husband or wife if alive 187 1/2 years  
7. Birth date of deceased May 7 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-18 to 2-24  
that I last saw her alive on 2/24/44 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
69 9 17 hr. min.

Immediate cause of death General Peritonitis  
Due to Intestinal obstruction  
due to femoral hernia.  
Duration 4 day

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Clerk

Major findings: Of operations 122a  
Of autopsy  
Underline the cause to which death should be charged statistically.

11. Industry or business Retired

12. Name Edward L. Hamilton  
13. Birthplace Maryland  
(City, town, or county) (State or foreign country)

14. Maiden name Susan Mavor  
15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Seckman  
(b) Address 700 Nottingham Ave

17. (a) Burial (b) Date thereof 2-26-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) FEB 28 1944 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

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 trade, place) (Means of injury)  
23. Signature J. F. Brudick (M. D. or other)  
Address 2115 So Grand Date signed 2/25/44

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

MOTHER FATHER

*Dr. Robert Mueller  
Dulles, Virginia*

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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 *Frank J. Owens*

Licensed Embalmer No. *2248*

P. O. Address. *2020...*

**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.**