. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12868

FILED MAY 2 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3848

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: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Day's (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Cook 11

(c) City or town Chicago ON-R
(If outside city or town limits, write "RURAL")

(d) Street No. 5047 N. Kenmore
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME Mary Jane Hamilton

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Carl C. Hamilton

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased May (Month) 24 (Day) 1914 (Year)

8. AGE: Years 29 Months 10 Days 28 If less than one day hr. min.

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

10. Usual occupation Goverment (Treasury Dept)

11. Industry or business

FATHER 12. Name Ercie H. Cox

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

MOTHER 14. Maiden name Mary Hunnicutt

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

16. (a) Informant Carl C. Hamilton.

(b) Address Chicago, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-23-44 (Month) (Day) (Year)

(c) Place: burial or cremation HEARNE, Texas

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blvd.

19. (a) 4-25-44 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1944 hour 10 23 minute P. M.

21. I hereby certify that I attended the deceased from 4-17-44, 19..., to 4-22-'44, 19...; that I last saw her alive on 4-22-'44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	48 hrs.
Due to: Bronchogenic Carcinoma Lt. Lung	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations Bronchogenic Carcinoma Inoperable

Of autopsy

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. K. Poppe (M. D. or other) M.D.

Address BARNES HOSPITAL Date signed 4/22/44

(Licensed Embalmer's Statement on Reverse Side)

3848

3848

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 John Ogonoski

Licensed Embalmer No. 3398

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.