

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39387**

FILED DEC 27 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10711**

1. PLACE OF DEATH:

(a) County... **ST. LOUIS MO**

(b) City or town... **ST. LOUIS MO**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ENROUTE TO CITY HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution... **3** (Specify whether
In this community... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State... **MO** (b) County... **221**

(c) City or town... **ST LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1228 HICKORY ST**
(If rural, give location)

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

3. (a) PRINT FULL NAME **LEE R. HAMLIN**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **493-10-5396**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **14** year **1944** hour **12:30** AM **Q.** minute **0** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex **M** **5. Color or race** **W**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **OLLIE** **6. (c) Age of husband or wife if** _____ alive _____ years

7. Birth date of deceased **JAN 17 1886**
(Month) (Day) (Year)

Immediate cause of death

Chronic Myocarditis

Due to _____

Due to **93**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years **58** Months **10** Days **27** If less than one day _____ hr. _____ min.

9. Birthplace **LAKE SPRING MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **CAR BUILDER**

11. Industry or business **AMERICAN CAR MFG CO**

12. Name **JACEY HAMLIN**

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

14. Maiden name **MARSHA SNEED**

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

16. (a) Informant **JOHN C HAMLIN**

(b) Address **2011 SO 3RD ST**

17. (a) BURIAL **(b) Date thereof** **12 17 44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **STEELEVILLE MO**

18. (a) Signature of funeral director **KRIBG SHAUSER**

(b) Address **4228 SO KING HWAY**

19. (a) DEC 16 1944 **(b) J. Bredek**
(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 type of place) _____ (a) Means of injury **3**

23. Signature **Patrick E. Taylor** (M. D. or other) _____
Date signed **12/16/44**

(Licensed Embalmer's Statement on Reverse Side)

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

4936

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.....

Edwin D. Mc Dermott

Licensed Embalmer No..... *3024*.....

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.