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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1945

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4317

Registrar's No. 1332

1. PLACE OF DEATH:

(a) County

(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: 3548 South Compton Ave 1
(If not in hospital or institution, write street number or location)

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

In this community 60 Years In St Louis

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3548 S. Compton Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOSEPHINE HAMTIL

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife William Hamtil

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

7. Birth date of deceased March 19 1861 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
83	10	21	hr. min.

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

10. Usual occupation At Home

11. Industry or business Housewife

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Wm A Hamtil

(b) Address 3114 Oregon Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb12/45 (Month) (Day) (Year)

(c) Place: burial or cremation New S.S.Peter & Paul

18. (a) Signature of funeral director Thos Lutz & Son

(b) Address 2906 Gravois Ave.

19. (a) FEB 10 1945 (Date received local registrar) J. F. Becock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9th year 1945 hour 12 30 A.M. M.

21. I hereby certify that I attended the deceased from July 12 1944 to Feb 9 1945 that I last saw h.er alive on Feb 9 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	6 Months
Due to Old age	
Due to Chronic Interstitial Nephritis	
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.

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 Albert F. Bina (M. D. or other)

Address 1841 S 12th Date signed 2/9/45

(Licensed Embalmer's Statement on Reverse Side)

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 David Van Fossan

Licensed Embalmer No. 4242

P. O. Address 2906 Grovers

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.