. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7781

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2163

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: Homer G. Phillips Hospital 0
(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 30 years
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")

(d) Street No. 2826a Market St. 1 22
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Hamilton

3. (b) If veteran, name war

3. (c) Social Security No. 498-03-9808

4. Sex Male 0

5. Color or race C

6. (a) Single, widowed, married, divorced Widowed 9

6. (b) Name of husband or wife Eugenia Crowley Hamilton

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

7. Birth date of deceased June (Month) 25 (Day) 1899 (Year)

8. AGE: Years 45 Months 8 ~~June~~ Days 9 ~~25~~ If less than one day hr. min.

9. Birthplace Patterson (City, town, or county) La. 1 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Albert Patterson 1
13. Birthplace Unknown (City, town, or county) Louisiana (State or foreign country)

MOTHER
14. Maiden name Racheal ? 1
15. Birthplace Unknown (City, town, or county) Louisiana (State or foreign country)

16. (a) Informant Lillian Wright
(b) Address 2826a Market St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation New Orleans, La.

18. (a) Signature of funeral director Wm Smith
(b) Address 1721 Coleman St 6

19. (a) MAR 6 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1945 hour 2 minute 10 A. M.

21. I hereby certify that I attended the deceased from March 1, 1945, to March 4, 1945; that I last saw him alive on March 4, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Luetic Heart Disease with Aortic Regurgitation and congestive heart failure	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

30 %

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 B. F. Murphy (M. D. or other)

Address 2001 Whittier Date signed 3/5/45

(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~~ .....

Wm Smith, Registered Apprentice No. .....,

working under my personal supervision.

Signed Wm Smith

Licensed Embalmer No. 4371

P. O. Address St. Louis 3, Mo.

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.