V. S. No. 2
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ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21999

FILED AUG 7 1945

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 6720

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

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: CITY HOSPITAL No 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 DAYS (Specify whether years, months or days)

In this community 10-YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COU

(c) City or town ST. LOUIS 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4510-2 MANCHESTER
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS HAMILTON

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased MAY (Month) - 22 (Day) - 1879 (Year)

8. AGE: Years 66 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation STEEL-WORKER

11. Industry or business SCULLEN-STEEL

MOTHER FATHER

12. Name JOHN-HAMILTON

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

14. Maiden name NANCY-SANDELFOR

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

16. (a) Informant NANCY-WILL

(b) Address ZEIGLER-ILLINOIS

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 7-30-1945 (Month) (Day) (Year)

(c) Place: burial or cremation TOWER GROVE CEM-MURPHYSBORO ILL

18. (a) Signature of funeral director WILSON FUNERAL HOME

(b) Address ZIEGLER ILL

19. (a) JUL 30 1945 (Date received by local registrar) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1945 hour 2 A.M. minute M.

21. I hereby certify that I attended the deceased from 7-20-45, 19..., to 7-28, 19..., that I last saw him alive on 7-28-45, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism — Duration

Due to

Due to

Other conditions Lobar Pneumonia — 1 wk
(Include pregnancy within 3 months of death)

Major findings:
Of operations 108
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 R. L. Stubblefield (M. D.) 2305-2

Address 1420 Grattan Date signed 7-29-45

(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 John W. Kettler

Licensed Embalmer No. 3880

P. O. Address St Louis 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.