V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36571

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39236

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10910

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: Barnes Hospital
(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

2. USUAL RESIDENCE OF DEASCED:

(a) State Illinois (b) County Perry

(c) City or town Cutler
(If outside city or town limits, write "RURAL") NR

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD HAMILTON

3. (b) If veteran, name war No

3. (c) Social Security No. Unk.

4. Sex Male

5. Color or race White

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 Aug. (Month) 29 (Day) 1925 (Year)

8. AGE: Years 20 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business

FATHER
12. Name Albert Hamilton
13. Birthplace Marissa (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Minnie Dorl
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Albert Hamilton
(b) Address Cutler, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Cutler, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13 year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from 12-8-45, 19..., to 12-13, 1945; that I last saw him alive on 12-13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic glomerulonephritis & uremia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 F R Bradley (M. D. or other)

Address Barnes Hospital Date signed 12-13-45

(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. Henry M Brammer

Licensed Embalmer No. 4200

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.