

S. No. 2
OM-5-43
v. 5-17-39
P. 1 X36671

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1946
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. **2298**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution:
4133 Lindell Blvd.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **4133 Lindell Blvd.**
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME **Lessie Bessie Hamilton**
(b) If veteran, name war **Nil**
(c) Social Security No. **Unknown**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **7**
year **1946** hour **3** minute **00 P.M.**
21. I hereby certify that I attended the deceased from **Jan 1, 1942**
to **March 7, 1946**
that I last saw **her** alive on **March 7, 1946**
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **September 2, 1872**
(Month) (Day) (Year)

Immediate cause of death:
Angina Pectoris 4 years
Valvular Heart
Double
95
Other conditions:
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
73 6 5 hr. min.

Physician:
Major findings:
Of operations: **None**
Of autopsy: **None**
Underline the cause to which death should be charged statistically.

9. Birthplace **Middletown Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
12. Name **Charles Stotter**
13. Birthplace **Unknown Unknown**
14. Maiden name **Unknown Betts**
15. Birthplace **Unknown Unknown**

16. (a) Informant **Mrs. Leta Morhaus**
(b) Address **4133 Lindell Blvd.**

17. (a) **Burial** (b) Date thereof **3-10-46**
(c) Place: burial or cremation **Montgomery City, Mo.**

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

19. **MAR 8 1946** (b) **[Signature]**
(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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature **[Signature]**
Address **4133 Lindell Blvd.** Date signed _____

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

MOTHER FATHER

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 Gonoski*
.....
Licensed Embalmer No. *3398*
.....
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.