

FILED JUL 16 1946

State File No. _____

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Near Hematite, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: B
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 1 da.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2025 a Miami Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hal James Ham

3. (b) If veteran, name war _____ 3. (c) Social Security No. 497-16-8998

4. Sex Male White 5. Color or race
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 17, 1922
(Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 20
If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Truck Driver

12. Name William L. Ham

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Blanch Shield

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant William L. Ham

(b) Address 2027 Miami St. St. Louis, Mo.

17. (a) Burial (b) Date thereof July 11, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Conroy R. Vallette

(b) Address Crystal City, Mo

19. (a) July 8, 1946 (b) Alfred Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month July day 7th
year 1946 hour 8:30 minute a M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death By accidental drowning
in Joachin Creek
Near Hematite Mo
Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1933

Of autopsy nil

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) Accident 50

(b) Date of occurrence 7/7/46

Where did injury occur? St. Joachin Creek
(City or town) (County) (State)

(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 3 Coroner

23. Signature J. B. Edwards (M. D. or other)

Address Ordor Hill Mo Date signed 7/7/46

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

22950

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: *Gentry R. Polittle*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City, Md*

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.