

S. No. 2  
M-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28700

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6684

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

1. PLACE OF DEATH:

(a) County 4545 Aldine St.  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
 4545 Aldine St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community All his Life \_\_\_\_\_ (Specify whether)  
 years, months or days)

3. (a) PRINT FULL NAME Eugene Hamilton

3. (b) If veteran, name war no

3. (c) Social Security No. 497-05-7275

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased About 1892

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	about 54	-	-	hr. min.

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

12. Name Phil Hamilton

13. Birthplace ? Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Bibby Ashland  
(City, town, or county) (State or foreign country)

15. Birthplace ? Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Matilda H. Clayborn.

(b) Address 3411 Hickory St.

17. (a) Burial (b) Date thereof July 31, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cemetery

18. (a) Signature of funeral director Wright's Funeral Home  
(b) Address 3100 Easton Ave.

19. (a) JUL 30 1946 J. J. Bradaek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4545 Aldine St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1946 hour 7 minute 45 P.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: Labor Pneuromyocarditis  
following Capital Pneumonia  
to injury received when  
he was caught between  
brick wall and a narrow  
gauge cribbe car operated  
by Elmer Hill east  
of Alderson Bank  
at General Brick Refractory  
Co., 1907 Brentwood

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: 1946

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 of C

(b) Date of occurrence May 7 1946

(c) Where did injury occur? Brentwood Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Industry

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature of \_\_\_\_\_ (M. D. or other) 3  
Address: \_\_\_\_\_ Date signed 7-30-46

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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.....

*Arthur P. Hillier*

Licensed Embalmer No.....

*4221*

P. O. Address.....

*1154 Bayard*

**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.