

No. 2  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6374  
Registrar's No. 1792

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2649 Armand Pl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none (Specify whether)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mery F. Hamtil  
3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Ralph 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: May 20 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 8 29 hr. min.

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

10. Usual occupation Housewife

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

12. Name Frank Pechan  
13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Moonstyne  
15. Birthplace Unk. Austria  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hamtil  
(b) Address 2649 Armand Place

17. (a) Burial (b) Date thereof 2 22 47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Old SS Peter & Paul

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address 1389 Union Blvd.

19. (a) FEB 21 1947 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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. 2649 Armand Place.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19  
year 1947 hour 11 minute 00 A.M.  
21. I hereby certify that I attended the deceased from Jan  
\_\_\_\_\_, 1947, to Feb, 1947  
that I last saw h. alive on Feb 19, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Hemiplegia  
Due to arteriosclerosis  
Duration 1 hr  
Due to \_\_\_\_\_  
Duration 10 yrs  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Edward H. Hamtil (M. D. or other) \_\_\_\_\_  
Address 1504 So Grand Date signed Feb 21 47

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.....  
Licensed Embalmer No.....  
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.