. S. No. 2
0M—2-43
ev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10929

FILED APR 14 1947

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 3630

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Infirmary. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether years, months or days)

In this community All her Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 11 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4056 Garfield 6
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Julia Hamilton

3. (b) If veteran, name war no

3. (c) Social Security No. no card

4. Sex Female 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife ------

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

7. Birth date of deceased August 5, 1891 (Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 29 If less than one day hr. min.

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

10. Usual occupation Nil.

11. Industry or business

MOTHER FATHER

12. Name Edmond Herman

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

14. Maiden name E. Higgins

15. Birthplace Brooklin, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Adell A. James

(b) Address 4056 Garfield Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April, 7. 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemtery

18. (a) Signature of funeral director Wright's Funeral Home

(b) Address 3100 Easton Ave.

19. (a) APR 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 th year 1947 hour 7; 50 minute A. M.

21. I hereby certify that I attended the deceased from 3-31-47 Mar. 30th, 1947, to 4-4, 1947 that I last saw her alive on 4-4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension

Due to 8 mo 8 d

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 0

23. Signature L. Bernard Wagner M.D. (M.D. or other)

Address 4503 Page Date signed 4-4-47

(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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard Ave

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.