. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
Regional Office of Vital Statistics

FILED SEP 8 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29094

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8187

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: DePaul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 7179 Cambridge 9
(If rural, give location)
(e) Citizen of foreign country? No. 3 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME HAMILTON, Charles R.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Jessie Flanders
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased October (Month) 27 (Day) 1880 (Year)

8. AGE: Years 66 Months 10 Days 0 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Attorney at Law
11. Industry or business
FATHER
12. Name Alexander Hamilton
13. Birthplace Nauvoo (City, town, or county) Illinois (State or foreign country) 1
MOTHER
14. Maiden name Mary Wiegand
15. Birthplace Biehlefeld (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Robert Hamilton
(b) Address 8015 Gannon
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery
18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane
19. (a) AUG 28 1947 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th year 1947 hour 6 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1946, to August 27, 1947 that I last saw him alive on August 27, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	3 days
Due to: Degenerative heart disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 9 30	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Oliver Abel Jr (M. D. XXXX)
Address 4952 Maryland Date signed 8-28-47

Jefferson City Printing Co. (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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.