No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

29096

State File No.

FILED AUG 21 1947 #76244

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7664

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. Louis City Hospital-Max C. Starkloff Memorial (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community about 35 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 4126 N 20 St. (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME LILLIE HAMILTON

3. (b) If veteran, name war ------

3. (c) Social Security No. ------

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James E Hamilton

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

7. Birth date of deceased 8 (Month) 30 (Day) 1865 (Year)

8. AGE: Years 81 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) N. York. (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Joseph Zdvawork
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mr Jessie Hamilton

(b) Address 4126 N 20 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-13-47 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St Louis Ave.

19. (a) AUG 12 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10th year 1947 hour 6:05 minute P M.

21. I hereby certify that I attended the deceased from 8/8/47, 19, to Aug. 10th, 1947 that I last saw her alive on Aug. 10th, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Emaciation Severe

Due to Epigastric Tumor Type & site not determined

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

Major findings: Of operations

Of autopsy 5 7

Duration

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

(Specify type of place) 0

While at work? (c) Means of injury

23. Signature Rowe F. Morton M.D. (M.D. or other)

Address 1515 Lafayette Date signed 8/11/47

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

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 Henry M. Brammer

Licensed Embalmer No. 4200

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.