. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43652

FILED DEC 31 1947

Registration District No. 3612

Primary Registration District No. 3063

Registrar's No. 2638

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS COUNTY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 4 YRS.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS 96

(c) City or town KIRKWOOD 4
(If outside city or town limits, write "RURAL")

(d) Street No. 311 CHICAGO, S. KIRKWOOD 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME VOSIE HAMILTON

3. (b) If veteran, name war

3. (c) Social Security No. 497-09-5907

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased 2 (Month) 10 (Day) 18 (Year)

8. AGE: Years 61 ~~64~~ Months 10 Days 6 If less than one day hr. min.

9. Birthplace BELGOSIE (City, town, or county) MISSISSIPPI (State or foreign country) 1

10. Usual occupation NONE

11. Industry or business NONE

FATHER
12. Name FRANK HAMILTON 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MORSE 1
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)

16. (a) Informant MR. SCOTT
(b) Address ST. LOUIS, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12/20/47 (Month) (Day) (Year)
(c) Place: burial or cremation OAKDALE Ceme.

18. (a) Signature of funeral director G. Wade GRANBERRY
(b) Address 4202 FINNEY

19. (a) 12-20-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 16
year 1947 hour 11 minute 15 P M.

21. I hereby certify that I attended the deceased from 12/15/47
, 19, to Dec 16, 1947
that I last saw him alive on Dec 16, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardiovascular disease; chronic Nephritis with uremia

Due to 131 b

Due to

Other conditions Pyelonephritis and secondary anemia associated with above
(Include pregnancy, within 3 months of death)

Major findings:
Of operations none
Of autopsy none

Duration: 3 wks? to 1 yr.

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

23. Signature A. Ishin, M.D. (M. D. or other)
Address 601 S. Brentwood Date signed 12/17/47.

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 Frederick P. Stark, Registered Apprentice No. 74, working under my personal supervision.

Signed Melvin E. Green

Licensed Embalmer No. 4428

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.