

No. 2  
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-17-39  
X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

141366

State File No. 3892  
Registrar's No.

FILED APR 30 1948  
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5653 Waterman Ave. Residence  
(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..... Gas  
(c) City or town..... Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5 5653 Waterman Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Emma 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 Widow

6. (b) Name of husband or wife Theodore T. Hamilton 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased August 6, 1869  
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 18 If less than one day hr. min.

9. Birthplace Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business.....

12. Name Harrison Nutter

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

14. Maiden name Martha Leigh

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

16. (a) Informant Oliver Hamilton,

(b) Address 28 S. Schlueter

17. (a) Burial (b) Date thereof April 26, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery,

(a) Signature of funeral director Craig Mortuary,

(b) Address 4468 Washington-8-

19. (a) APR 25 1948 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 24  
year 1948 hour 8 minute 40 A.M.

21. I hereby certify that I attended the deceased from Feb. 28  
1948, to Apr. 24, 1948  
that I last saw her alive on 4-21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure  
Acute Cardiac Decompensation  
Due to Chronic Myocardial  
disease

Due to.....  
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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature J. J. Pauza (M. D. or other) JMB  
Address 423 DePalmer Date signed 4/24/48

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**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 *Philip M. Leving*  
Licensed Embalmer No. *3287*  
P. O. Address *St. Louis*

**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.**