

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24339
6841

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution..... **En route City Hospital**
(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..... **Mo.** (b) County.....
 (c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4223 Wyoming St.**
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **ANNA WOODS HAMILTON**

3. (b) If veteran, name war..... **None** 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..... **Late Frank** 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased..... **Jan. 13 1871**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 19 hr. min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housework**

11. Industry or business.....

12. Name **Jacob Fasnet**
 13. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Salena DeLisle**
 15. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Florence Augustin**
 (b) Address **4223 Wyoming St.**
 17. (a) **Burial** (b) Date thereof: **8-5-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und.Co.**
 (b) Address **4228 So. Kingshighway Bl.**
 19. (a) **AUG 4 - 1948** (b) **J. F. Brudek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **2**
 year **1948** hour **7:00** minute **P.** M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.
 Immediate cause of death **Fracture of skull; Subdural hemorrhage; suffered when deceased fell down a flight of basement steps at the home of Mr. & Mrs. Hardy Doerr, 4404 Ellenwood Ave., on August 2, 1948, exact time unknown.**

Due to..... **ACCIDENT.**
 Other conditions.....
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....
 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)..... **Accident**
 (b) Date of occurrence..... **8-2-1948**
 (c) Where did injury occur?..... **St. Louis**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?..... **home**
(Specify type of place)
 While at work? **no** (e) Means of injury **see above**
 23. Signature **Patric E. Taylor** (M.D. or other)
 Address **1300 Clark** Date signed **8-4-48**

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

MOTHER FATHER

JUL

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.