

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

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3064</u>		Registrar's No. <u>446</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>FERGUSON, Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>FERGUSON, Mo.</u>		6 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HALLS FERRY MEM. HOME</u>				d. STREET ADDRESS (If rural, give location) <u>2115 KAPPEL DR.</u>			
3. NAME OF DECEASED (Type or Print) <u>MARY</u>		a. (First) <u>ELIZABETH</u>		c. (Last) <u>HAMILTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 19<sup>TH</sup> 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 11<sup>TH</sup> 1859</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Days <u>0</u>	IF UNDER 2 HRS. Hours <u>8</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>JOHN CORNETTE</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>LATE WILEY D. HAMILTON</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AUBREY B. HAMILTON 2019 E. FAIR AVE.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>B34X</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Jan 2 1949</u> to <u>Feb 19, 1949</u> , that I last saw the deceased alive on <u>Feb 19, 1949</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. S. Shawyer M.D.</u>				23b. ADDRESS <u>Leidell Trust Bldg.</u>		23c. DATE SIGNED <u>Feb 21 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO., Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-22-49</u>		REGISTRAR'S SIGNATURE <u>Therese L. L...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CALVIN F. FEUTZ, 4828 NAT'L. BRIDGE BL.</u>			

2 to 6 Pm - Monday

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Signed

*John A. Mlesian*

Signed.....

Student Embalmer

Licensed Embalmer No. *4186*

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.