

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22102

State File No.

FILED JUN 27 1949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1295

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>993</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VET. ADM. HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>415 S. W. 7th St.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESTER.</u> b. (Middle) <u>D.</u> c. (Last) <u>HAMILTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5/22/49</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/17/96</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Greenville, Pa.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Samuel J. Hamilton</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Grimes</u>	14. NAME OF HUSBAND OR WIFE <u>Lulu I. Hamilton</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD I</u>		16. SOCIAL SECURITY NO. <u>342103870</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EUGENE F. NOLAN, REGISTRAR</u> ADDRESS <u>VET. ADM. HOSP. JEFFERSON BARRACKS, MO.</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>Undifferentiated carcinoma of Mediastinum</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metastatic lesions of liver</u>	
19a. DATE OF OPERATION <u>5/22/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Bronchogenic Carcinoma (Supplemental findings of--</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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>5/6/1949</u> , to <u>5/22</u> , 19 <u>49</u> , that I last saw the deceased <u>die</u> on <u>5/22</u> , 19 <u>49</u> , and that death occurred at <u>12:50p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward Kendall</u> (Degree or title) <u>M.D. O</u>		23b. ADDRESS <u>V.A. HOSP. JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>5/22/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-23-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairfield</u>	24d. LOCATION (City, town, or county) (State) <u>Ill</u>
DATE REC'D BY LOCAL REG. <u>5-23-49</u>	REGISTRAR'S SIGNATURE <u>Edward Kendall</u>	25 FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc</u> ADDRESS <u>4104 Manchester Ave</u> (Licensed Embalmer's Statement on Reverse Side)	

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11
2

164X
47f

MAY 26 1950

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.

Student
Student Embalmer

Signed Van M. Sizemore

Licensed Embalmer No. 4343

P. O. Address Paris 10 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.