

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35764

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 4098

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS COUNTY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> / b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD,</b>	c. LENGTH OF STAY (in this place) <b>years</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KIRKWOOD,</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8909 EAGER ROAD.</b>		d. STREET ADDRESS (If rural, give location) <b>8909 EAGER ROAD.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MABEL</b> b. (Middle) <b>LAWTON</b> c. (Last) <b>HAMILTON.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 8, 1949</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 14, 1880</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months	IF UNDER 2 WKS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>William Becker.</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth M. Mathews.</b>	14. NAME OF HUSBAND OR WIFE <b>Winfield C. Hamilton.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Raymond X. Grueninger, 8909 Eager Road.</b>	
MEDICAL CERTIFICATION			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Hypertension Coronary</b> DUE TO (c) <b>Arteriosclerosis</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH <b>4201</b>
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) m.	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 <b>10:15 P.M. to Oct 8, 1949</b> that I last saw the deceased alive on <b>Oct 8, 1949</b> and that death occurred at <b>10:15 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. A. Rudwick, M.D.</b>	23b. ADDRESS <b>17 E. Kirkwood Ave.</b>	23c. DATE SIGNED <b>10/9/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>	24b. DATE <b>10/11/1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CREMATORY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>10-9-49</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Salome, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd.</b>	

**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 Clarence H. Murray

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 404

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.