

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43150**
04718

FILED DEC 28 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3066** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY OR TOWN Kirkwood		c. CITY (If outside corporate limits, write RURAL and give township) KIRKWOOD	
c. LENGTH OF STAY (In this place) 1 YR.		d. STREET ADDRESS (If rural, give location) WHITE OAKS NURSING HOME	
d. FULL NAME OF HOSPITAL OR INSTITUTION White Oaks Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) WINFIELD	b. (Middle) COWDEN	c. (Last) HAMILTON	4. DATE OF DEATH (Month) (Day) (Year)
				12 19 49

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH June 20, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired-research chem.	10b. KIND OF BUSINESS OR INDUSTRY Americal Steel Foundry Beaver, Pennsylvania	11. BIRTHPLACE (State or foreign country) U.S.A.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel Hamilton	13b. MOTHER'S MAIDEN NAME Margaret Cowden	14. NAME OF HUSBAND OR WIFE Mabel L. Hamilton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 335-10-3831	17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret Grueninger, Kirkwood, Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder		18 Mo.
	ANTECEDENT CAUSES Morbidity 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. Coronary Thrombosis			41X 10 Y 7 years

19a. DATE OF OPERATION Aug 18-48	19b. MAJOR FINDINGS OF OPERATION Carcinoma of bladder - 181X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug - 1945** to **Dec 19, 1949** that I last saw the deceased alive on **Dec 15, 1949** and that death occurred at **12:06 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Anderson	23b. ADDRESS 192 Leckwood Ave	23c. DATE SIGNED 12/19/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) cremation	24b. DATE 12-20-49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. 12-19-49	REGISTRAR'S SIGNATURE Herbert R. Donke	FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons	ADDRESS University City, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

Dr. H. H. Goodrich
19 East Lockwood Ave.,
Webster Groves
Missouri.
2-4.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Clarence H. Murray

Signed.....

Student Embalmer

Licensed Embalmer No. 4213

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.