

FILED JUN 23 1950

THE DIVISION OF HEALTH, OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21584

State File No.

5235

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2189	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 3034 RUTGER 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Edward H. Hamilton Phillips			
3. NAME OF DECEASED (Type or Print) a. (First) HENRY		b. (Middle) HAMILTON	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 5-30-50	
5. SEX MALE	6. COLOR OR RACE 2-COLORED	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH 5-15-1917
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PORTER		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) COLUMBUS, MISS		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME HENRY HAMILTON		13b. MOTHER'S MAIDEN NAME MATTIE DAVIS	
14. NAME OF HUSBAND OR WIFE			
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 Mrs. Alice Robinson		ADDRESS 3034 Rutger	

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, asthenia, 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) 3° burns of 90% of body, suffered when burned in fire in building being wrecked at 3615 Market Str. Origin of fire unknown. About 8:07 P.M., May 30, 1950. Damage to Bldg. \$200.00. ACCIDENT.		DUPLICATE (b)		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above E. J. H. 6/1/50	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:00 P.M. from the causes and on the date stated above.					
23a. SIGNATURE (Print or title) Joseph M. Zimm Deputy Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/1/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-16-50		24c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK Cem	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE REC'D BY LOCAL REG. JUN 15 1950		REGISTRAR'S SIGNATURE J. B. Swater	
25. FUNERAL DIRECTOR'S SIGNATURE A. F. WALTON		ADDRESS 2707 STODDARD			

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 4048 St Ferdinand

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.