

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 6163
910

318

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) 6 DAYS		/ CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 6211 S. Broadway					
3. NAME OF DECEASED (Type or Print) MINNIE			a. (First)		b. (Middle)		c. (Last) HAMILTON		
4. DATE OF DEATH JAN 26, 1951		5. SEX Female 3		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH December 23, 1918	
9. AGE (In years last birthday) 32		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Natchez, Miss. /		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Clinton Thomas			13b. MOTHER'S MAIDEN NAME Beatrice Thomas			14. NAME OF HUSBAND OR WIFE David Hamilton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME David Hamilton, 6211 S. Broadway					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF CERVIX INTERVAL BETWEEN ONSET AND DEATH 1 1/2 YRS *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. 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.							
19a. DATE OF OPERATION 1/27/51		19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF CERVIX						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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? 171X					
22. I hereby certify that I attended the deceased from JAN 20, 1951, to JAN 26, 1951, that I last saw the deceased alive on JAN 26, 1951, and that death occurred at 6:27 p. m., from the causes and on the date stated above.									
23a. SIGNATURE Dan L. Mayan			(Degree or title) M. D.			23b. ADDRESS BARNES HOSPITAL, ST. LOUIS		23c. DATE SIGNED 1/27/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1/		24b. DATE 2-1-1951		24c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri			
DATE REC'D BY LOCAL REG. JAN 29 1951		REGISTRAR'S SIGNATURE J. B. Karster			25. FUNERAL DIRECTOR'S SIGNATURE Ellis Funeral Home, Inc., 2820 Stoddard St.				

(Licensed Embalmer's Statement on Reverse Side)

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

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 Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. 4198

P. O. Address St Louis 13. 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.