

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

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|--|--|--|--|---|---|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. _____   |  | PRIMARY REG. DIST. NO. _____  |   | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u> |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place) _____  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>  |   | 4181  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mo. Baptist Hospital</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>18 1643 Vassier Ave.,</u>  |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>MAUDE</u> b. (Middle) _____ c. (Last) <u>HAMILTON.</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1951.</u>                           |   |   |   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                  | 8. DATE OF BIRTH <u>Sept. 1, 1882.</u>   | 9. AGE (In years last birthday) <u>68</u>   | 10. UNDER 1 YEAR Months _____ Days _____                                | 11. UNDER 18 HRS. Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (State or foreign country) <u>Troy, Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>   |  |
| 13a. FATHER'S NAME <u>John Joseph.</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Barbara Goodesson</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Albert Hamilton, 1643 Vassier Ave.,</u>  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____   |  | 16. SOCIAL SECURITY NO. <u>?</u>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Hamilton, 1643 Vassier Ave.,</u> |   |   |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis, of right ventricle; suffered in fall of 1950 while in bed in her room at the Perry Nursing Home 4411 Carson Road on May 10 1951 exact time unknown</u> |  |  |   |   | INTERVAL BETWEEN ONSET AND DEATH <u>7h</u>  |  |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |  |   |   |   |  |
| 19a. DATE OF OPERATION _____   |  | 19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>   |  |   |   | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT (Specify) <u>accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo</u>   |   |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 10 51 ?</u> m.  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>E 9020</u>  |   |   |  |
| 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 <u>4:00 A.M.</u> from the causes and on the date stated above. <u>21</u> |  |  |  |   |   |   |  |
| 23. SIGNATURE (Degree or title) <u>Maude Perry O'Connell</u>   |  |  |  | 23b. ADDRESS <u>1300 Clark</u>  |   | 23c. DATE SIGNED <u>5/14/51</u>   |  |
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>May 15/51.</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>                          |   | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u> |   |  |
| DATE SIGNED BY LOCAL HEALTH OFFICER <u>MAY 14 1951</u>   |  | REGISTRAR'S SIGNATURE <u>J. J. Foster</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. W. Clark, 1125 Hodiamont Ave.,</u>   |   |   |  |

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

City Coroner

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 ME

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Leonard Remelino

Licensed Embalmer No. 4293

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.