

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1951

State File No. **18135**  
**4370**  
Registrar's No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **818** PRIMARY REG. DIST. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) **10 days**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **St. Johns Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Troy**  
d. STREET ADDRESS (If rural, give location) **Rural**

3. NAME OF DECEASED  
a. (First) **William** b. (Middle) **A.** c. (Last) **Hamilton**  
4. DATE OF DEATH (Month) (Day) (Year) **May 9 1951**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **Sept. 30 1875** 9. AGE (In years last birthday) **75** IF UNDER 1 YEAR Months Days IF UNDER 10 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Supervisor, St. Louis Public Service** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **Tenn.** 12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Thomas R. Hamilton** 13b. MOTHER'S MAIDEN NAME **Margaret Davis** 14. NAME OF HUSBAND OR WIFE **Jennie Hamilton**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **none** 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME **Jennie Hamilton** ADDRESS **6922 Lexington**

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.  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Pneumonia**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Post-op. condition**  
DUE TO (c) **Cancer Rectum**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
INTERVAL BETWEEN ONSET AND DEATH  
**2 1/2**  
**3 days**  
**?**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Cancer Rectum** 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **134X**

22. I hereby certify that I attended the deceased from **5-15-51**, to **5-9-51**, 19**51**, that I last saw the deceased alive on **5-9-51**, 19**51**, and that death occurred at **2:05 a** m., from the causes and on the date stated above.

23a. SIGNATURE **Cyril Costello, M.D.** (Degree or title) 23b. ADDRESS **3720 Washington** 23c. DATE SIGNED **5-9-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **5/11/51** 24c. NAME OF CEMETERY OR CREMATORY **Mt. Lebanon** 24d. LOCATION (City, town, or county) (State) **St. Louis Co. Mo.**

DATE REC'D BY LOCAL REG. **MAY 9 1951** REGISTRAR'S SIGNATURE **J. B. Lasater** 25. FUNERAL DIRECTOR'S SIGNATURE **Drehmann-Harral** ADDRESS **1905 Union Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Cyril Costello,  
Beaumont Bldg.

(12 to 1) Med.

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..... *Albert R. Thompson*

Signed.....  
Student Embalmer.....

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.