

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39092

State File No. ....

318

1003

9721

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Saint Louis</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>				b. COUNTY <p style="text-align: center;">St Louis</p>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St. Louis</p>		c. LENGTH OF STAY (in this place) <p style="text-align: center;">6 Days</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">St Louis</p>		2059					
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">De Paul Hospital</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">1226 Clara</p>				D			
3. NAME OF DECEASED (Type or Print) a. (First) <p style="text-align: center;">Henry</p>			b. (Middle) <p style="text-align: center;">Alexander</p>			c. (Last) <p style="text-align: center;">Hamilton</p>					
4. DATE OF DEATH (Month) (Day) (Year) <p style="text-align: center;">Nov. 1 1951</p>		5. SEX <p style="text-align: center;">M</p>		6. COLOR OR RACE <p style="text-align: center;">W</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">Married</p>		8. DATE OF BIRTH <p style="text-align: center;">1/2/77</p>			
9. AGE (In years last birthday) <p style="text-align: center;">74</p>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Attorney</p>			10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Legal</p>			11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">St Louis, Mo. D</p>			12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">USA</p>		
13a. FATHER'S NAME <p style="text-align: center;">Alexander Hamilton</p>			13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary Wiegand</p>			14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Genevieve Walters</p>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p style="text-align: center;">No</p>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs H. A. Hamilton</p>						ADDRESS <p style="text-align: center;">1226 Clara StL.</p>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Acute myocardial infarction</p>						INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">6 days</p>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <p style="text-align: center;">Atherosclerotic Heart Disease</p>						5 year			
		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		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., no.)		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? <p style="text-align: center;">H200</p>							
22. I hereby certify that I attended the deceased from <u>Oct. 28</u> , 19 <u>51</u> , to <u>11/1/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/1/51</u> , 19 <u>51</u> , and that death occurred at <u>12:30</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE  M. D. D.				23b. ADDRESS <p style="text-align: center;">4952 Maryland</p>				23c. DATE SIGNED <p style="text-align: center;">11/2/51</p>			
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <p style="text-align: center;">11/3/51</p>		24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Valhalla Cemetery</p>		24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">St Louis Mo.</p>					
DATE REC'D BY LOCAL REG. <p style="text-align: center;">NOV 3 1951</p>		REGISTRAR'S SIGNATURE 		5. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Ambruster Mortuary 6633 Clayton Rd.</p>							

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.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed

*John Hetter*

Licensed Embalmer No. 3880

P. O. Address.....

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.