

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39093

No. 300
10.48

DEC 8 - 1951

State File No. _____
Registrar's No. 10665

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>27 yrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 2144 Walnut St</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
f. STREET ADDRESS (If rural, give location)		g. STREET ADDRESS <u>22 2144 Walnut St</u>	

3. NAME OF DECEASED a. (First) <u>Mrs. Henrietta</u> (Type or Print)		b. (Middle) <u>Hamilton</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>11 28 1951</u>							
5. SEX <u>F</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Sepr.</u>		8. DATE OF BIRTH <u>10-22-1905</u>		9. AGE (In years last birthday) <u>48</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 100 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Ark 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			

13a. FATHER'S NAME <u>Will Gray</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie Golden</u>		14. NAME OF HUSBAND OR WIFE <u>Maceo Hamilton (Sepr)</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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Samuel Lee Jackson 2123 Eugenia</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Congestion</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
*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) <u>Arteriosclerosis</u>	
		DUE TO (c)					

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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4343</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 3:34 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. Lee Jackson</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>11/30/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>V</u>		24b. DATE <u>12-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Drew Wood</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Lee Jackson 2930 Dickson St.</u>			
DATE REC'D BY LOCAL REG. <u>NOV 30 1951</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith</u>			

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

Leroy W. Bannister

Licensed Embalmer No. 4523

P. O. Address 3880 Exeter Ave

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.