

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32999

FILED OCT 8 1952

State File No. _____
Registrar's No. 8233

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 8233			
1. PLACE OF DEATH a. COUNTY SKYX&X				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 4 Months			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur 4400			d. STREET ADDRESS (If rural, give location) Spoede Road		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Pacific Hospital											
3. NAME OF DECEASED (Type or Print) a. (First) George			b. (Middle) Harley			c. (Last) Hamilton			4. DATE OF DEATH (Month) (Day) (Year) August 30 / 52		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 15, 1875		9. AGE (In years) (Last birthday) 76		10. UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired R.R. Executive				10b. KIND OF BUSINESS OR INDUSTRY MoPac R.R.				11. BIRTHPLACE (City and State or Foreign Country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George W. Hamilton				13b. MOTHER'S MAIDEN NAME Lydia Wolford				14. NAME OF HUSBAND OR WIFE Lucetta D. Hamilton			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. R.R. Retirement		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucetta Hamilton, ADDRESS Spoede Rd.					
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) Diabetic Mellitus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						INTERVAL BETWEEN ONSET AND DEATH 20 yr	
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 type="checkbox"/> NO <input checked="" 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? 260X						
22. I hereby certify that I attended the deceased from May 26, 1952, to August 30, 1952, that I last saw the deceased alive on August 30, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.											
23a. SIGNATURE J. C. Remington, M.D. (Degree or title)					23b. ADDRESS 607 N. Grand			23c. DATE SIGNED 8-30-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 3, 1952		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum			24d. LOCATION (City, town, or county) (State) St. Louis county, Mo.				
DATE REC'D BY LOCAL REG. SEP 2 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Stock Mortuary, 889 7S. Brentwood Bl. Clayton, Mo.						

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.