No. 300
10.48

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40272

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10334

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOMER G. PHILLIPS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAINT LOUIS 2069
d. STREET ADDRESS (If rural, give location): 6 4869 PAGE BLVD.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIE
b. (Middle): LEE
c. (Last): HAMILTON

4. DATE OF DEATH (Month): 11 (Day): 6 (Year): 52

5. SEX: FEMALE 2

6. COLOR OR RACE: NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1

8. DATE OF BIRTH: JUNE 18, 1876

9. AGE (In years last birthday): 76
If under 1 year: Months 4 Days 18
If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COOK

10b. KIND OF BUSINESS OR INDUSTRY: PRIVATE FAMILY

11. BIRTHPLACE (City and State or Foreign Country): BETEVILLE, MISSISSIPPI 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: OSCAR HIBBER

13b. MOTHER'S MAIDEN NAME: ELIZA BRADFORD

14. NAME OF HUSBAND OR WIFE: HARRISON HAMILTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME: SADIE JOHNSON
ADDRESS: 4869 PAGE BLVD.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Left Hip — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized atherosclerosis
DUE TO (c) suffered when deceased fell at home on Oct. 20 exact time unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Accident

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House

21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE) 040

21d. TIME OF INJURY (Month): 10 (Day): 20 (Year): 52 (Hour): ? m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? E9040

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 930 p. m., from the causes and on the date stated above.* 21

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 11-10-52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

24b. DATE: NOV. 12, 1952

24c. NAME OF CEMETERY OR CREMATORY: WASHINGTON PARK CEMETERY

24d. LOCATION (City, town, or county) (State): ST. LOUIS, COUNTY, MISSOURI

DATE REC'D BY LOCAL REG.: NOV 10 1952

REGISTRAR'S SIGNATURE: J. Carl Smith MD

25. FUNERAL DIRECTOR'S SIGNATURE: C. B. Kunce
ADDRESS: 1221 N. GRAND BLVD.

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 4755

P. O. Address [illegible]

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.