

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44131

State File No.

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3372

No. 300
10.48

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ill</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manchester</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greeville, Ill.</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs 11 mo</u>		d. STREET ADDRESS (If rural, give location) <u>521 So 3rd</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alta</u> b. (Middle) <u>Mae</u> c. (Last) <u>Hampton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 27 52</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>4/4/1900</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Coffeen, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>

13a. FATHER'S NAME <u>George Hampton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah E. Hendrix</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pine Crest Homes, Ballwin, Mo.</u>	

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Dilatation</u>		DUE TO (b) <u>Chronic myocarditis</u>				<u>1 day</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Spastic C. Contractions</u>						<u>1 yr.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>10 yrs</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 6-1, 1950, to 12/27, 1952, that I last saw the deceased alive on 12/24, 1952, and that death occurred at 2:55 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>C. H. Shlesinger</u>		23b. ADDRESS <u>Lickwood, Mo.</u>		23c. DATE SIGNED <u>12/31/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-29-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mulberry Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Mulberry Grove Bond Ill.</u>	

DATE REC'D BY LOCAL REG. <u>1-1-53</u>		REGISTRAR'S SIGNATURE <u>Hugh R. Douch-M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles M. Russell-Mulberry Grove</u>		ADDRESS <u>Mulberry Grove, Ill.</u>	
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(Licensed Embalmers' Statement on Reverse Side)

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, Mo

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.