

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 11 1953

BIRTH NO. _____

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. _____

0569

| | | | | | | | |
|---|--|---|--|--|--|----------------------------------|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE MO. | | b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS MO | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS 2259 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homen St. Phillips | | d. STREET ADDRESS (If rural, give location) 25 1424 Cole | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Marie | | b. (Middle) | | c. (Last) Hamilton | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) Jan 15, 1953 | | 5. SEX F 3 | | 6. COLOR OR RACE Col | | | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widow | | 8. DATE OF BIRTH Jan 16, 1912 | | 9. AGE (In years last birthday) 40 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundress | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Miss | | | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Hucks on Hamilton | | 13b. MOTHER'S MAIDEN NAME Ruby Jackson | | | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | | | |
| 17. INFORMANT'S SIGNATURE OR NAME Ruby Hamilton | | ADDRESS Memphis Tenn | | | | | |
| 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) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND 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., 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? 331X | | | |
| 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 545 P.M., from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE G. Taylor | | 23b. ADDRESS 1300 Clark | | 23c. DATE SIGNED 1. 17. 53. | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Jan 19/53 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Dale Cem St. Louis MO | | | |
| 24d. LOCATION (City, town, or county) | | 25. FUNERAL DIRECTOR'S SIGNATURE J. C. ... | | ADDRESS 4214 Delmar | | | |
| DATE REC'D BY LOCAL REG. JAN 19 1953 | | REGISTRAR'S SIGNATURE | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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

J. G. Allen

Licensed Embalmer No. *2963*

P. O. Address *4214 Delmar*

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.