

FILED FEB 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8235

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 467

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND-HEIGHTS</u>	c. LENGTH OF STAY (In this place) <u>4 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> <u>4631</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. MARYS-HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>1012 Nth Rock Hill Rd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) c. (Last) <u>HAMILTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>2 7 53</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 28th 1898</u>	9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 2 WKS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Postal Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Post Office</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas City Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Wright Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Flora Gaines</u>	14. NAME OF HUSBAND OR WIFE <u>Ann Hamilton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>WVI</u>	16. SOCIAL SECURITY NO. (If you, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ann Hamilton</u>	ADDRESS <u>above</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 10/6, 1941, to 2/7, 1953, that I last saw the deceased alive on 2/7, 1953, and that death occurred at 10:10 Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ch. Bockelman M.D.</u>	23b. ADDRESS <u>2615 Brentwood Blvd</u>	23c. DATE SIGNED <u>2/7/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Feb 8th 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Poplar Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Texas City Ill.</u>
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DATE REC'D BY LOCAL REG. <u>2-8-53</u>	REGISTRAR'S SIGNATURE <u>Herkut R. Damb M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>James B. Smith Funeral Home 1456 Manchester Memphis Tenn.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MA 16 1929

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 Robert M. Murray

Licensed Embalmer No. 3749

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.