

FILED DEC 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44638

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 5444		Registrar's No. 3154			
1. PLACE OF DEATH a. COUNTY St. Louis				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 town or township) Kirkwood		c. LENGTH OF STAY (In this place) 5 Years		c. CITY OR TOWN Kirkwood		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 235 E. Washington				e. STREET ADDRESS (If rural, give location) 235 E. Washington Ave.					
3. NAME OF DECEASED (Type or Print) CHARLES HAMILTON			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH Dec. 6, 1953			a. (Month) (Day) (Year)			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 13, 1866		9. AGE (In years last birthday) 87	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (MANAGER)		10b. KIND OF BUSINESS OR INDUSTRY Building Manager		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Robert Hamilton			13b. MOTHER'S MAIDEN NAME Susan Saxton			14. NAME OF HUSBAND OR WIFE Martha Hamilton (Dec'd)			
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. 487-26-3155			17. INFORMANT'S SIGNATURE OR NAME Hugh Hamilton, 932 Robert Pl. Kirkwood			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES DUE TO (b) arteriosclerosis 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 12 hrs.	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION 4201			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?					
22. I hereby certify that I attended the deceased from July , 1927, to Dec. 6 , 1953, that I last saw the deceased alive on Dec. 6 , 1953, and that death occurred at 1:20 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE Paul E. Rutledge M.D.			23b. ADDRESS Kirkwood Mo			23c. DATE SIGNED 12-7-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/8/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. 12/8/53		REGISTRAR'S SIGNATURE Heather G. Lombardi		25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Popp, Inc.		ADDRESS Kirkwood 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.....
Signature of Student Embalmer

Signed..... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address. *Kirkwood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.