No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10086

BIRTH NO. FILED APR 6 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2603

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1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri.
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri.
b. COUNTY: St. Louis, 5
c. CITY OR TOWN: Richmond Heights. 449
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ /
e. STREET ADDRESS (If rural, give location): #7510 Dale Avenue.

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

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1954.

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: Oct. 13, 1898
9. AGE (In years last birthday): 55 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): decorator and painter
10b. KIND OF BUSINESS OR INDUSTRY: Meade Decorators
11. BIRTHPLACE (City and State or Foreign Country): Paris, Kentucky /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Arthur Hamilton
13b. MOTHER'S MAIDEN NAME: Minnie Stern
14. NAME OF HUSBAND OR WIFE: Virginia Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 498-28-4768.
17. INFORMANT'S SIGNATURE OR NAME: Virginia Hamilton — ADDRESS: 7510 Dale Avenue

yes

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) Mitral stenosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic fever in infancy.
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
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

410 X

22. *I hereby certify that I attended the deceased from* Mar. 11, 1954, *to* Mar. 21, 1954, *that I last saw the deceased alive on* Mar. 21, 1954, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. J. Newman (Degree or title) M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 3-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 24, 1954
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

DATE REC'D BY LOCAL REG.: MAR 22 1954
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: C.R.Lupton & Sons.. #7233 Dekmar Blv'd.,

MDB

(Licensed Embalmer's Statement on Reverse Side)

OCT 5 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clarence A. Murra

Licensed Embalmer No. 4

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.