

FILED OCT 14 1954

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

32537
State File No. _____
Registrar's No. 2298

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside city or town, give street address) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>1 day</u>		e. STREET ADDRESS (If rural, give location) <u>3957 Forest Park</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys</u>		f. <u>2189</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucy</u> b. (Middle) <u>Hamilton</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 28 1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>5</u>	8. DATE OF BIRTH <u>Mar. 20, 1872</u>	9. AGE (In years last birthday) <u>82</u>	10. IF UNDER 1 YEAR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>Richard Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>W. B.</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Sam Burke</u> ADDRESS <u>3957 Forest Park</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>C.V.A.</u>		DUPLICATE		<u>8 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		DUE TO (c) _____			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>none</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>none</u>

22. I hereby certify that I attended the deceased from Mar 1950 to 9-28, 1954; that I last saw the deceased alive on 9-27, 1954, and that death occurred at 5 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert E. Zap M.D.</u> (Degree or title)	23b. ADDRESS <u>539 N. Grand</u>	23c. DATE SIGNED <u>9-30-54</u>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Oct. 1, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ferdinand</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9/30/54</u>	LOCAL REG. <u>Hecher</u>	REGISTRAR'S SIGNATURE <u>Robert E. Zap</u>	FUNERAL DIRECTOR'S SIGNATURE <u>A. Howard</u> ADDRESS <u>1619 So. Grand</u>
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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 *J Wm Binkley*

Licensed Embalmer No. *365*

P. O. Address *St Louis*

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.