

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11703

State File No. _____

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 715

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| 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>Clayton</u> | c. LENGTH OF STAY (If this place) <u>1 day</u> | c. CITY OR TOWN <u>Wellston 4311</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County</u> | | e. STREET ADDRESS (If rural, give location) <u>6205 Suburbon</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>R</u> b. (Middle) <u>D</u> c. (Last) <u>Hamilton</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1956</u> | | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Col.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>August 27, 1927</u> | 9. AGE (In years) Last birthday <u>28</u> | IF UNDER 1 YEAR Months <u>6</u> Days <u>16</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Unk.</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>Al Hamilton</u> | 13b. MOTHER'S MAIDEN NAME <u>Nellie Williams</u> | 14. NAME OF HUSBAND OR WIFE <u>Unk</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>Unk</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Al Hamilton</u> ADDRESS <u>6205 Suburbon</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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia, left lower lobe</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 3-12, 1956, to 3-13, 1956, that I last saw the deceased alive on 3-13, 1956, and that death occurred at 5:10 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G.E. Smith</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>6015 Brentwood Clayton, Mo</u> | 23c. DATE SIGNED <u>3-13-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>3-16-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Local</u> | 24d. LOCATION (City, town, or county) (State) <u>Artesia, Miss.</u> |
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| DATE REC'D BY LOCAL REG. <u>3-15-56</u> | REGISTRAR'S SIGNATURE <u>Wesley K. Lamb</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Poove</u> ADDRESS <u>1221 N. Grand</u> |
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WRITE PLAINLY—USING UNFADEING 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 by me, or by Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Larence Adams*

Licensed Embalmer No.....

P. O. Address

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