

FILED DEC 20 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44358

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2843

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Lemay</b>		c. CITY OR TOWN <b>Lemay 4870</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>246 Wachtel</b>		e. STREET ADDRESS (If rural, give location) <b>246 Wachtel Avenue</b>	
c. LENGTH OF STAY (in this place) <b>15 years</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>L.</b> c. (Last) <b>Hamilton</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 3, 1956</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>June 15, 1906</b>		9. AGE (In years last birthday) <b>50</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Men</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Kroger Bkg. Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John Hamilton</b>		13b. MOTHER'S MAIDEN NAME <b>Louise Jarvis</b>		14. NAME OF HUSBAND OR WIFE <b>Catherine Dvorak Hamilton</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>490 12 9720</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Catherine Hamilton 246 Wachtel Avenue, Lemay</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET (AND DEATH) <b>2 days</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocardial insufficiency with edema</b> DUE TO (c) <b>Chronic endocarditis</b>				1 year 3 years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Bronchiectasis with emphysema</b>						3 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4214</b>				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) (m.)		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 Jan. 10, 56, to Dec. 3, 1956, that I last saw the deceased alive on Dec. 3, 1956, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <b>A. M. Peters</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>4145a South Grand Blvd.</b>		23c. DATE SIGNED <b>12/3/56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 6, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Park Lawn Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>12-3-56</b>		REGISTRAR'S SIGNATURE <b>Herbert A. Donaldson</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister U. &amp; L. Co., So. Broadway St. Louis, Mo.</b>	
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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 *Linus C. Hoffmann*

Licensed Embalmer No. 387

P. O. Address 7814 S. B.

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.