

FILED APR 12 1957

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits; give TOWNSHIP only) OR TOWN St. Louis		-Inside Limits- Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CITY OR TOWN St. Louis		-Inside Limits- Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3664a Laclede Ave.		Length of stay in lb 6 Mon.	STREET ADDRESS 3664a Laclede Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle W. Last Hamilton			4. DATE OF DEATH Month Mar. Day 18th Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar. 22nd 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Woodworking		10b. KIND OF BUSINESS OR INDUSTRY Cabinet Maker	11. BIRTHPLACE (City and state or country) Sardis, Miss.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown Hamilton			14. MOTHER'S MAIDEN NAME Unknown		
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. 492-07-8963A	17. INFORMANT John Hamilton Jr. 8732 Radley Ct. Brentwood, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis DUE TO (b) Carcinoma of stomach DUE TO (c) Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Hypertensive Cardiovascular Disease					INTERVAL BETWEEN ONSET AND DEATH 2 mos 1 year
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 151X				
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				
20e. CITY, TOWN, OR LOCATION	COUNTY	STATE			
21. I attended the deceased from 9/15/49 to 3/18/57 and last saw him alive on 3/15/57 Death occurred at 330 A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Shirley King, m.d.</i> (Degree or title)			22b. ADDRESS 689 E Big Bend, 19,		22c. DATE SIGNED 3/18/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 3-19-57	23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		23d. LOCATION (City, town, or county) (State) St. Louis Co; Mo.	
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.			25. DATE RECD. BY LOCAL REG. MAR 19 '57	26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, m.d.</i> m. j. b.	

(Licensed Embalmer's Statement on Reverse Side)

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.....
H. C. Burgess

Licensed Embalmer No. 40

P. O. Address *Maple*

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.