

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027701  
Small Case No.

FILED JUL 21 1958

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 544

Registrar's No. 1876

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 (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood 4683</b>	
c. LENGTH OF STAY (In this place) <b>3 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>618 Cleveland</b>		e. STREET ADDRESS (If rural, give location) <b>618 Cleveland Ave.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b> b. (Middle) <b>A</b> c. (Last) <b>HAMILTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 13 1958</b>	
5. SEX <b>Male 0</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Nov 13 1885</b>
9. AGE (In years last birthday) <b>72</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>0</b>	IF UNDER 1 YRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>contractor</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Cuba, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>US</b>
13a. FATHER'S NAME <b>Abe Hamilton</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Ogeltree</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Frances</b>			
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>487-38-3709</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mary Hamilton 618 Cleveland, Kirkwood</b>	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>Coronary Thrombosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> yrs <b>4200</b> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)	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 <u>0</u> , 19 <u>41</u> , to <u>July 13, 1958</u> , that I last saw the deceased alive on <u>July 13, 1958</u> and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Edward H. Webster M.D.</i> (Degree or title)		23b. ADDRESS <b>204 E Big Bend, Webster G</b>	23c. DATE SIGNED <b>7/14/58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7/16/58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>
DATE REC'D BY LOCAL REG. <b>7-15-58</b>	REGISTRAR'S SIGNATURE <i>Herbert P. Donke M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Louis H. Bopp Inc Kirkwood Mo</i>	

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 *Francis J. Weisland Jr.*  
Licensed Embalmer No. *4512*  
P. O. Address *Richwood*

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.