

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022945

STATE FILE NUMBER

2 4621

FILED JUN 19 1959

Registration District No. _____ Primary Registration District No. _____

Registrar No. 4621

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Kirkwood 4770	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Eads Bridge		d. STREET ADDRESS (If outside, give location) 141 Saratoga	
3. NAME OF DECEASED (Type or print) First ALVIN Middle HAMILTON Last HAMILTON		4. DATE OF DEATH Month May Day 10 Year 1959	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 30, 1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dishwasher		11. BIRTHPLACE (City and state or country) St. Louis, Missouri	9. AGE (In years last birthday) 32
13a. FATHER'S NAME Roosevelt Hamilton		13b. MOTHER'S MAIDEN NAME Helen Monroe	12. CITIZEN OF WHAT COUNTRY? U. S. A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 494-26-9955	17. INFORMANT Roosevelt Hamilton Address 141 Saratoga
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Overboard when found in river at foot of		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 290 River		
20e. CITY, TOWN, OR LOCATION St Louis	20f. COUNTY Mo STATE		
21. I attended the deceased from _____ and last saw her/him alive on _____ Death occurred at 325 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul Simon		22b. ADDRESS 1300 Clark	
22c. DATE SIGNED 5/12/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE MAY 12 59	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
24. FUNERAL DIRECTOR Charles J. Gates	ADDRESS 4107 Finney	25. DATE REC'D BY LOCAL REG. MAY 12 59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Guynther Sever*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Avenue

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.