RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–030450
STATE FILE NUMBER

FILED VS AUG 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 7483

DED

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 6 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. John's Hospital
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY:
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4158 Obear Avenue
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First NELLIE; Middle; Last HAMILTON
4. DATE OF DEATH: Month August; Day 11; Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-13-1886
9. AGE (last birthday): 72
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HR: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY: Valley Shoe Mfg. Co.
11. BIRTHPLACE (City and state or country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Albert Egli
13b. MOTHER'S MAIDEN NAME: -----Ellen Flynn
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 495-28-9238
17. INFORMANT: Mr. John T. Eickenhorst – 4158 Obear Ave.
Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: terminal
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 465+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3/8/59, to 8/11/59 and last saw her alive on 8/11/59
Death occurred at 12:30 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Henry J. [illegible] (Degree or title)
22b. ADDRESS: 637 W Grand
22c. DATE SIGNED: 8/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: August 14, 1959
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: Math Hermann & Son, Inc.
ADDRESS: 2161 E. Fair
25. DATE RECD. BY LOCAL REG.: AUG 12 '59
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.
M. D. B

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed Glen W. Nab

Signature of Student Embalmer

Licensed Embalmer No. 373

P. O. Address St. Louis

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