

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 9200**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis, Mo.</b>		Length of stay in 1b		c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis City Hosp. #1.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>4850 Carter Avenue, 15</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>Bailey</b> Middle <b>K.</b> Last <b>Hamsley</b>				4. DATE OF DEATH Month <b>October</b> Day <b>4</b> Year <b>1959</b>					
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-17-76</b>		9. AGE (last birthday) <b>83</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Flour Miller</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Flour Co.</b>		11. BIRTHPLACE (City and state or country) <b>Nashville, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>			
13a. FATHER'S NAME <b>Andrew J. Hamsley</b>			13b. MOTHER'S MAIDEN NAME <b>Josie Lee Hancock</b>			14. NAME OF HUSBAND OR WIFE <b>Late Friedericke Hamsley</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>None</b>			16. SOCIAL SECURITY NO. <b>313-05-4738A</b>		17. INFORMANT Address <b>Le Roy Hamsley, 4850 Carter Ave., 15</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:								INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>	
IMMEDIATE CAUSE (a)		<b>Renal Failure</b>							
DUE TO (b)		<b>Pyelonephritis</b>							
DUE TO (c)		<b>Obstructive Prostatic Hypertrophy</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. A deceased was female was there a pregnancy in last 90 days. <b>610x</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.)					
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>9-5-59</b> to <b>10-4-59</b> and last saw him alive on <b>10-4-59</b> Death occurred at <b>8:10</b> P. M. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <b>John W. Strizich M.D.</b> (Degree or title)				22b. ADDRESS <b>1515 Lafayette Ave.</b>				22c. DATE SIGNED <b>10-4-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-7-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Johns Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>			
24. FUNERAL DIRECTOR <b>GALVIN F. REUTZ</b> ADDRESS <b>4928 Natural Bridge Blvd.,</b> FUNERAL HOME, <b>St. Louis, 15, Missouri.</b>				25. DATE RECD. BY LOCAL REG. <b>OCT 7 '59</b>		26. REGISTRAR'S SIGNATURE <b>Earl Smith M.D.</b> <i>m/s</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Ralph C. Zindler

Licensed Embalmer No. 4275

P. O. Address St. Louis

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.