

ENDED

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 <b>St. Louis</b>		a. STATE <b>Missouri</b> COUNTY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>6016 Shulte Avenue</b>		c. CITY OR TOWN <b>St. Louis</b>	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>6016 Shulte Ave.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <b>ERNEST</b> Middle <b>B.</b> Last <b>HAMILTON</b>			4. DATE OF DEATH Month <b>July</b> Day <b>26th</b> , Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/11/1898</b>	9. AGE (last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Motorcar Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. Louis Public Ser.</b>	11. BIRTHPLACE (City and state or country) <b>Redrock, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John B. Hamilton</b>		13b. MOTHER'S MAIDEN NAME <b>Z. Dellause</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Hamilton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>493-10-9887</b>	17. INFORMANT Address <b>Anna Hamilton 6016 Shulte Ave.</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
IMMEDIATE CAUSE (a) <b>arteriosclerotic heart disease</b>		
DUE TO (b) <b>diabetes mellitus.</b>		
DUE TO (c) <b>260X</b>		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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"/>	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>Jan 6 - 1960</b> to <b>July 26, 1960</b> and last saw her <b>July 23, 1960</b> Death occurred at <b>40</b> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <b>Joseph E. Carney MD</b>	22b. ADDRESS <b>406 Olive St</b>	22c. DATE SIGNED <b>7-27-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Ex Removal</b>	23b. DATE <b>7/29/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>
23d. LOCATION (City, town, or county) <b>St. Louis County, Mo.</b>		

24. FUNERAL DIRECTOR ADDRESS <b>JOHN STYGAR &amp; SON 5541 Riverview Bl.</b>	25. DATE RECD. BY LOCAL REG. <b>JUL 27 1960</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

9th & Olive  
925

J. E. Carney  
H. Carney

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed J. M. Ruste

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo.

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