

<b>1. PLACE OF DEATH</b> a. COUNTY				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>1 day 7 hrs.</b>		c. CITY OR TOWN <b>Alton</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 Maternity</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1720 Bell</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print)				<b>4. DATE OF DEATH</b>		Month Day Year		
First <b>Hamilton</b>		Middle		Last		<b>September 10 1960</b>		
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>Negro</b>		<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <b>9-9-60</b>		
<b>9. AGE</b> (last birthday)		IF UNDER 1 YEAR		IF UNDER 24 HR		Months Days Hours Min.		
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>none</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>none</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.</b>		
<b>13a. FATHER'S NAME</b> <b>Nathaniel Hamilton</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lovie Williams</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b>none</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown)   (If yes, give war or dates of service) <b>no</b>			<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT</b> Address <b>Lovie Hamilton Alton, Illinois</b>			
<b>18. CAUSE OF DEATH</b> (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>akledosis</b>							<b>3 1/2 hours</b>	
DUE TO (b) <b>immaturity (2nd twin)</b>								
DUE TO (c) <b>762.5</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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year a.m. p.m.								
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY STATE		
<b>21. I attended the deceased from</b> <b>September 9</b> , <b>September 10</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>September 10</b> Death occurred at <b>4:50 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
<b>22a. SIGNATURE</b> <i>[Signature]</i> (Degree <b>1916</b> ) <b>(2. KHATOON)</b>				<b>22b. ADDRESS</b> <b>St. Louis Maternity Hospital</b>		<b>22c. DATE SIGNED</b> <b>9-22-60</b>		
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify)		<b>23b. DATE</b> <b>9-30-60</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Anatomical Board</b>		<b>23d. LOCATION</b> (City, town or county) (State) <b>St. Louis, Mo.</b>		
<b>24. FUNERAL DIRECTOR</b> Address <b>Rowland Mortuary Svc. 4104-56 Manchester</b>				<b>25. DATE RECD. BY LOCAL REG.</b> <b>SEP 29 1960</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i> <b>Loan Smith, M.D.</b>		

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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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.