MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

17331

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Jewish Hosp. St. ..... Ward)

File No. .....

Registered No. 4570

2. FULL NAME Camille Oliver

(a) Residence. No. 386 N Euclid Ave 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About	48	years		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Magazine Writer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

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PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

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14. INFORMANT Edith Eberhardt
(Address) 386 N Euclid Ave.

15. FILED ..... 19 ..... Max C Kanter [illegible]
REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1930 to May 1, 1930 that I last saw her alive on Apr. 30, 1930 and that death occurred, on the date stated above, at 4 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chr. Myocarditis
Acute Pulmonary Edema
93C
630
111B (duration) ..... yrs. 9 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Thyrotoxicosis
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? yes DATE OF 4 30 - 30
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Louis L. Turen, M. D.
, 19 (Address) Jewish Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valhalla Crematory	May 2nd 1930.

20. UNDERTAKER	ADDRESS
Wagoner Fund	3621 Olive

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.