

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

Do not use this space.

24544

1. PLACE OF DEATH

County.....

Registration District No. 791
1003

File No.

Towship.....

Primary Registration District No.

Registered No. 6700

City St. Louis (No.) (Ward)

2. FULL NAME

Eugene Cameron

(a) Residence No. 1803 A Rutger St. 22 Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 11 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. min.
5 | 2 | 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER John Cameron

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

12. MAIDEN NAME OF MOTHER Marie Kennedy

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

14. INFORMANT Katherine Landis
(Address) 1803 A Rutger St.

15. JUL 11 1930 FILED Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1930
17. 3

I HEREBY CERTIFY, That I attended deceased from July 5, 1930, to July 9, 1930 that I last saw h. alive on July 9, 1930, and that death occurred, on the date stated above, at 150 P m.

THE CAUSE OF DEATH* was AS FOLLOWS:

acute bacillus-enteritidis due to error in diet

CONTRIBUTORY (SECONDARY) (Mental Deficient)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH 114B
8 DID AN OPERATION PRECEDE DEATH. DATE OF ...
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS: (Signed) W.F. Beaker M. D.
July 11, 1930 (Address) 2205 Forward St.

*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 Calvary DATE OF BURIAL July 19 30
20. UNDERTAKER J.P. Murrells Son's Mortuary ADDRESS 1407

WRITE PLAINLY IN INK--THIS IS A PERMANENT RECORD

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.

