WRITE PLAINLY, WITH UNFADING 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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1160 — File No. 27799
Township — Primary Registration District No. 4470 — Registered No. 76
City University City (No. 7038, Washington - UC St. Ward)

2. FULL NAME August H. Kamp
(a) Residence, No. 7038 Washington St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-11-1851

7. AGE: YEARS 83. MONTHS 2 DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Liquor Dealer
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

FATHER
13. NAME: Christian T Kamp
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Wilhelmina Bergfeld
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Minnie Kamp, 7038 Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bellefontaine DATE: 7/16 1934

19. UNDERTAKER (ADDRESS): Akron Mud Kg Co. 2707 N Grand Blvd

20. FILED: July 15, 1934 Lena V. Moeller, D. Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-14-, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1933, to July 14, 1934
I last saw her alive on July 14, 1934. Death is said to have occurred on the date stated above, at 1:25 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac dilation	7/13/34
93C	
57B	
95B	
93C	

Other contributory causes of importance:

Chronic Myocarditis & Chronic Arthritis	7/1/33

Name of operation: none Date of: X
What test confirmed diagnosis? usual findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury: no, 19
Where did injury occur? X (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. X
Manner of injury: none
Nature of injury: X

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify: X
(Signed) William T Hirschi, M. D.
(Address) 3500 N Grand