

OCT 5 1936

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

Do not use this space.

791

35769

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No.
Primary Registration District No. 1003

File No.
Registered No. 9390
City Hospital No. 1 St. Ward)

2. FULL NAME Dorothy Camp

(a) Residence, No. 3439a Louisiana St. 16 Ward.

(Usual place of abode) Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 3, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 22 1 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Grand Rapids Mich.

13. NAME Stephen E. Velte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

15. MAIDEN NAME Rose Meir

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Branch, Mich.

17. INFORMANT (ADDRESS) John Camp 3439a Louisiana

18. BURIAL, CREMATION, OR REMOVAL PLACE Old SSPeter and Paul DATE 9/14/36

19. UNDERTAKER (ADDRESS) G.W. McLaughlin 2301 Lafayette Ave

20. FILED SEP 12 1936 Jt Bredeck Registrar.

No Physician in Attendance
MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Peritonitis, ulcers of ulcers, ulcerative colitis following self induced abortion (Time place or means unknown)
Other contributory causes of importance: Unknown

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Harold Debus M.D.
(Address) Depoe

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.

100M-1-20-30
V. G. NO. 1
MARCH 1936
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