

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St. Louis (No.)

FEB 8 1937 791
Registration District No.
1003
Primary Registration District No.
2831 Lafayette Ave.

File No. 3139
Registered No. 160
St. Ward)

2. FULL NAME

Helena Kamer

(a) Residence, No. 2831 Lafayette Ave. St. 13 Ward. 1
(Usual place of abode)

Length of residence in city or town where death occurred 24 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 10 11

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. 2 1/2

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) Switzerland 21

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 21

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland 21

17. INFORMANT Mrs. Helen Scott
(ADDRESS) 2831 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Lawn Cem. DATE 1/6/38

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

20. FILED 1937 2 NA J.A. Bredeck
Registrar.

No Physician Certificate
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937

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

Lobar Pneumonia
108
Other contributory causes of importance:
Chronic Myocarditis
Chronic Intestinal Nephritis

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

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? No
If so, specify
(Signed) James P. Kelly, M. D.
(Address)

WRITE PLAINLY WITH UNFADING INK. THIS IS A VITAL RECORD. 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.

1 X704

