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.

SEP 10 1937

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

Do not use this space.

29151

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo. (No. ..... City Sanitarium St. ..... Ward)

File No. 7784

Registered No. .....

2. FULL NAME Charles Camp

(a) Residence, No. City Sanitarium St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1866

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
about 71	-	-	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Factory-worker

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

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) Unknown Missouri

FATHER

13. NAME Kasper Camp

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Unknown

MOTHER

15. MAIDEN NAME Johanna Klusmeier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany Unknown

17. INFORMANT (ADDRESS) W. L. Moore M. D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Matthews Cem DATE Aug 18 1937

19. UNDERTAKER (ADDRESS) John L Zeugenhem & Sons 2027 Gravois Ave

20. FILED AUG 18 1937, 19 J S Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1/36, 19..., to Aug. 7/37, 19...

I last saw him alive on Aug. 7/37, 19..... Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Uremia 7-26-37

Date of onset

Other contributory causes of importance:

Chronic Interstitial Nephritis 7-26-37-x

C. N. S. Syphilis 7-1-36-x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

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) W. L. Moore, M. D.

(Address) 5400 Arsenal St.

JUL 11 1941