

REC'D MAR 24 1938

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

8197

Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis(b) Township Camdelet

(c) City

(d) Street No. 4720 Heidelberg

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 96

Primary Registration District No.

Registered No. 2942. PRINT FULL NAME Charles J. Kamer 560(a) Residence, No. 4720 HeidelbergSt. 

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

Theresa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 13, 1865.

7. AGE

YEARS  
72MONTHS  
4DAYS  
27

If LESS than 1

day, .....hrs.  
or .....min.

OCCUPATION

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

Laborer

9. Industry or business in which work  
was done, as saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Baltimore  
MarylandFATHER  
13. NAME

Not known

14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Not known  
Not knownMOTHER  
15. MAIDEN NAME

Not known

16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Not known  
Not known17. INFORMANT  
(ADDRESS)Theresa Kamer  
4720 Heidelberg

18. BURIAL, CREMATION, OR REMOVAL

PLACE SS. Peter Paul DATE Feb. 14, 193819. FUNERAL DIRECTOR  
(ADDRESS)John L. Ziegenhein & Son  
7027 Gravois Avenue20. FILED 2-1219 38J.R. May  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan 11, 1937, to Feb 10, 1938I last saw h.l. Feb 10 alive on Feb 10, 1938. Death is saidto have occurred on the date stated above, at 9 PM.

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

Chronic Myocarditis

Date of onset

1936Other contributory causes of importance: A 2 L

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? no

If so, specify

(Signed) Arthur J. Janneman, M. D.(Address) Sappington Mo

STATEMENT BY LICENSED EMBALMER

I, Clarence P. Kidwell Licensed Embalmer No. 3877

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**