

REC'D APR 8 1938

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

12188  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 593  
 (c) City ..... (d) Street No. Highway 140 & Halls Ferry Rd. St.  
 (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.

2. PRINT FULL NAME Louis E. Kamp, 510

(a) Residence, No. Halls Ferry Rd. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Anna Kamp  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1868  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 5 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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 occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Mo.FATHER 13. NAME Not known14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not knownMOTHER 15. MAIDEN NAME Not known16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known17. INFORMANT (ADDRESS) Mrs. Alvin Poggemoeller  
Parker Rd. St. L. Co.18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack, Mo. DATE April 4, 193819. FUNERAL DIRECTOR (ADDRESS) Pauls of Holy Home  
1471 North Washington St.20. FILED 4-2 1938 J. R. Meyer, M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 193822. I HEREBY CERTIFY, That I attended deceased from March 6, 1938, to March 22, 1938I last saw him alive on March 30, 1938. Death is said to have occurred on the date stated above, at 7:40 m.

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

Chronic Interstitial Nephritis

Other contributory causes of importance: 131'

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) J. R. Meyer, M. D.(Address) St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I, Elton R.H. Remelius, Licensed Embalmer No. 3154

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

*Elton R.H. Remelius*

Licensed Embalmer No. 3154

**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.)**