REC'D JUN 9 1938

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

16941
Do not use this space.

1. PLACE OF DEATH

(a) County .....

(b) Township .....

(c) City St. Louis

Registration District No. 791

Primary Registration District No. 1003

Registered No. 4802

(d) Street No. Homer Phillips Hospital 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 Life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Cameron 565

(a) Residence, No. 4388 St. Louis Avenue St. 11
(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: C

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 29, 1938

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	3	16	

OCCUPATION

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

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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Garualouis Cameron

14. BIRTHPLACE (CITY OR TOWN) California
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Genara Jones

16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 5-27-38

19. FUNERAL DIRECTOR Ira Hamilton
(ADDRESS) City Health Dept

20. FILED MAY 25 1938 J. J. Budek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 19 38

22. I HEREBY CERTIFY, That I attended deceased from February 7, 19 38, to May 15, 19 38

I last saw him alive on May 15, 19 38. Death is said to have occurred on the date stated above, at 12:40 m. p.m.

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

	Date of onset
Prematurity	2/7/38

Other contributory causes of importance:

Athrepsia

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

What test confirmed diagnosis? clinical 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? .....

If so, specify .....

(Signed) J. B. Thurwell, M. D.

(Address) 2601 N. Whittier

(Licensed Embalmer's Statement on Reverse Side)

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.

1 X12604

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by.....Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)