

EC 2 - 1938 REC. DEC 8 1938

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

40445  
Do not use this space.

1. PLACE OF DEATH  
(a) County St. Louis (Registration District No. 784)  
(b) Township Jefferson (Primary Registration District No. 200)  
(c) City Jefferson (d) Street No. Jefferson Bks. 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 Henry S. Camp  
(a) Residence, No. Route 4, Box 630, Baden Sta. 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 married (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1889

7. AGE YEARS 49 MONTHS \_\_\_\_\_ DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laboreer  
9. Industry or business in which work was done, as saw mill, bank, etc. W.P.A.  
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) Illinois

FATHER  
13. NAME Frank Camp

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

MOTHER  
15. MAIDEN NAME Unknown

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

17. INFORMANT Florence Camp  
(ADDRESS) Route 4, box 630, Baden Sta.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE Dec. 3/38

19. FUNERAL DIRECTOR Fendler Und. Co.  
(ADDRESS) 7420 Michigan Ave.

20. FILED DEC 2 - 1938 19 W. Meyer, M.D., P.H. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 30, 1938

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 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Fatal encounter causing  
Cerebral Hemorrhage  
Exhaustion & injury experienced by  
Coroner's (jury)  
Other contributory causes of importance  
Traumatic Cerebral Hemorrhage - accident.  
Date of onset 11/30/38

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

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury 11/30, 1938  
Where did injury occur? Jefferson Dam Road  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by post & fell on street  
Nature of injury Brain Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_

(Signed) John J. Connelley, M. D.  
(Address) Corner Spruce & 1st

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.

STATEMENT BY LICENSED EMBALMER

I, \_\_\_\_\_, Licensed Embalmer No. 2679

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

\_\_\_\_\_ L. E. \_\_\_\_\_

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

working under my personal supervision.

Signed Harry J. Skumache

Licensed Embalmer No. 2679

**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.)**