

REC'D AUG 11 1939

791

## STANDARD CERTIFICATE OF DEATH

State File No.

23733

Registration District No.

1003

Primary Registration District No.

Registrar's No.

6006

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 10 days  
 (Specify whether \_\_\_\_\_)  
 In this community 55 years  
 years, months or days)

3. (a) PRINT FULL NAME George DeCamp 2513. (b) If veteran, None name war. 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 1 1858  
(Month) (Day) (Year)8. AGE: Years 80 Months 10 Days 5 If less than one day  
hr. \_\_\_\_\_ min.9. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)10. Usual occupation Unemployed

## 11. Industry or business \_\_\_\_\_

12. Name Samuel De Camp13. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)14. Maiden name Elizabeth Easterday15. Birthplace Unknown Ohio  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature J. A. Kerster(b) Address 5112 Washington Blvd.17. (a) Missouri Cremat. (b) Date thereof July 7, 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Missouri Crematory18. (a) Signature of funeral director Budinsider Funeral Home Inc(b) Address 1936 St. Louis Ave19. (a) 1111 7 1939 (b) J. P. Brudeck  
(Received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis Mo. 13  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5245 Emright Ave  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day July  
year 1939 hour 4:30 minute A. M.21. I hereby certify that I attended the deceased from 6/27/39  
\_\_\_\_\_, 19\_\_\_\_, to 7/6, 19\_\_\_\_  
that I last saw him alive on 7/6, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

## Immediate cause of death \_\_\_\_\_

Chronic Myocarditis  
Broncho-pneumonia

Due to \_\_\_\_\_ Duration \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Apoptosis of Pancreas  
(Include pregnancy within 9 months of death)

## Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy See above

## PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Tha C. Turrell (M. D. or other) \_\_\_\_\_Address City Hospital Date signed \_\_\_\_\_

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**