

SEP 14 1939

Registration District No.

791

Primary Registration District No.

1. PLACE OF DEATH:

1003

- (a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Josephine Heitkamp  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 hours  
 In this community 45 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Lena Cammarata 563

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex

Female

5. Color or race

White

6. (a) Single, widowed, married, divorced

Married

6. (b) Name of husband or wife

Frank Cammarata

6. (c) Age of husband or wife if

64 years

7. Birth date of deceased

Oct. 13, 1881

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

57

10

13

hr. min.

9. Birthplace

Italy

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name Salvatore Corso

18. Birthplace Italy

(City, town, or county)

(State or foreign country)

14. Maiden name Josephine Sansone

15. Birthplace Italy

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Anthony Cammarata

(b) Address 4152 Castlemann Ave.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof Aug. 31, 39

(Month) (Day) (Year)

(c) Place: burial or cremation Colvary Cemetery

18. (a) Signature of funeral director Henrich-Nickau

(b) Address 1431 Union Blvd

19. (a) AUG 30 1939

(Date received local registrar)

(b) J. B. Bredich

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1  
 (c) City or town St. Louis 17  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 4152 Castlemann  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 45 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27  
 year 1939 hour 7 minute P. M.

21. I hereby certify that I attended the deceased from June 28  
1939 to Aug 25 1939

that I last saw her alive on Aug 25 1939

and that death occurred on the date and hour stated above.

Immediate cause of death terminal carcinoma

Duration

24 hours

Due to Gouty (Blood Sugar)

4 years

Due to 500 mgy palooa

10 years

Other conditions none

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

PHYSICIAN

Underline the cause to which death should be charged statistically

Of autopsy none

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? none  
 (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 job) (e) Means of injury

23. Signature Walter H. Hoffman (M. D. or other)  
 Address 2602 South Grand Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

Rev. 5-17-39 50M-5-17-39 I 131811

Dr. C. H. H. H. H. H.  
2400 S. Birdland.

**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. 2915

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.