E11888

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38279

Registration District No. 701

Primary Registration District No.

Registrar's No. 10118

1. PLACE OF DEATH: 1003 1

(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, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Stillborn (Specify whether
In this community Stillborn
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis. 25
(If outside city or town limits, write "RURAL")

(d) Street No. 2008 Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Baby Cammann 550

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. 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 Nov (Month) 27 (Day) 1939 (Year)

8. AGE: Years Stillborn | Months | Days | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Walter J. Cammann
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Pauline Mangipane
15. Birthplace Belleville (City, town, or county) Ill (State or foreign country)

16. (a) Informant's own signature Walter J. Cammann Jr.

(b) Address 2008 Franklin Jar.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-28-39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director A. Kron L. H.

(b) Address 2707 N. Grand Bl.

19. (a) NOV 28 1939 (Date received local registrar) (b) J. F. Bruckel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27, year 1939 hour 5:34 minute A. M.

21. I hereby certify that I attended the deceased from November 27, 1939, to November 27, 1939 that I last saw him alive on November 27, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Stillborn	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature John F. Flynn (M. D. or other)

Address 1515 Lafayette, 11/27/39 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

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 I X19511

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 [signature]

Licensed Embalmer No. 2631

P. O. Address 2707 N Grand

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.