FILED APR 15 1940

S. No. 2
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v. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9273

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2756

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

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2908 ARSENAL ST
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS 24
(If outside city or town limits, write "RURAL")

(d) Street No. 2908 ARSENAL ST
(If rural, give location)

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

3. (a) PRINT FULL NAME JOHN ARTHUR CAMERON

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 JAN 23. (Month) 1940 (Day) (Year)

8. AGE: Years | Months -2- | Days -1- | If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business NIL

FATHER 12. Name CECIL CAMERON

13. Birthplace NEW MADRID (City, town, or county) MO (State or foreign country)

MOTHER 14. Maiden name HELEN MOORE

15. Birthplace NEW MADRID (City, town, or county) MO (State or foreign country)

16. (a) Informant CECIL CAMERON

(b) Address 2908 ARSENAL ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26 - 40 (Month) (Day) (Year)

(c) Place: burial or cremation ST. MATTHEWS

18. (a) Signature of funeral director

(b) Address 2906 Gravois Ave

19. (a) MAR 25 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24 year 1940. hour 9 minute 15 A.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (primary) — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 10/20

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 5

23. Signature (M. D. or other)

Address Date signed 3-25-40

(Licensed Embalmer's Statement on Reverse Side)

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

Thos Lutes, Registered Apprentice No.

working under my personal supervision.

Signed Thos Lutes

Licensed Embalmer No. 1619

P. O. Address 2906 Groves.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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