

1986
No. 2
11-10-39
5-17-39
I X214

FILED MAY 15 1940 791

Primary Registration District No. 1003

Registrar's No. _____

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, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
(Specify whether
In this community 56 yrs
years, months or days)

3. (a) PRINT FULL NAME Fred Kamp 510

3. (b) If veteran, name war nil 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Div.

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

7. Birth date of deceased March 14 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 18 If less than one day hr. _____ min. _____

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

10. Usual occupation not employed for 15 years

11. Industry or business _____

12. Name Serman Kamp

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

14. Maiden name Dina Mohlmann

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

16. (a) Informant Mary M. Moore

(b) Address 4943A 5th Ave

17. (a) Burial (b) Date thereof April 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. Bethlehem Cem.

18. (a) Signature of funeral director Svedmaya & Sons

(b) Address 3934 N. 20th St.

19. (a) APR 4 1940 (Date received local registrar) J. J. Friedrich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3939 N. 9th
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2, year 1940 hour 10:55 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from March 31, 1940 to April 2, 1940; that I last saw him alive on April 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy As above

Duration

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 H. Friedewald (M. D. or other) _____
Address 1515 Lafayette Date 4/11/40

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

MOTHER FATHER

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 Alfred J. Boedeker
Licensed Embalmer No. 2663
P. O. Address 4204 Prairie

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.