S. No. 2
-11-10-39
5-17-39
PI X21492

FILED JUN 10 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19468

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 1043

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 19 days (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town S. Kinloch (If outside city or town limits, write "RURAL")

(d) Street No. 29 King Street (If rural, give location)

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

3. (a) PRINT FULL NAME William Cambron 516

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex male

5. Color or race colored

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

6. (b) Name of husband or wife Emma Cambron

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased Jan. (Month) 1 (Day) 1869 (Year)

8. AGE: Years 71 Months 4 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Morganfield (City, town, or county) Ky. (State or foreign country)

10. Usual occupation nil.

11. Industry or business

FATHER
12. Name Henry Cambron
13. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Irena Johnson
15. Birthplace Unknown (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Emma Cambron

(b) Address 29 Kings St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-2-40 (Month) (Day) (Year)

(c) Place: burial or cremation Wishington Pk. Cem

18. (a) Signature of funeral director Boyd Bros Funeral

(b) Address Lix & Stanley St. Kinloch

19. (a) JUN - 1 1940 (Date received local registrar) (b) R. Meyer Mo Dept (Registrar's signature) JC

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1940 hour 2 minute :40 P. M.

21. I hereby certify that I attended the deceased from 4-11-40, 19..., to 5-30-40, 19...; that I last saw him alive on 5-30-40, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic heart disease	years
Due to	
Due to	
Other conditions prostatic hypertrophy (Include pregnancy within 3 months of death) uremia	years
Major findings: Of operations	Two
Of autopsy	

95 1/2

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? 707 (Specify type of place)

While at work? (e) Means of injury

23. Signature R J Rosson (M. D. or other) 1

Address Co Hosp. Date signed 5-31-40

(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 _____

_____, 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.