

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34167

Registrar's No. 8864

Union District No.

Primary Registration District No.

## 1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4360 Westminster Place.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME John Paulding Camp.3. (b) If veteran, name war none. 3. (c) Social Security No. none.4. Sex Male. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.6. (b) Name of husband or wife Mellie Haydock Camp. 6. (c) Age of husband or wife if alive years7. Birth date of deceased Dec. 27, 1861.  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
78. 10. 0. hr. min.9. Birthplace Atchison, Kansas.  
(City, town, or county) (State or foreign country)10. Usual occupation Retired.. Haydock Bros.11. Industry or business Carriage Co.12. Name William Camp.13. Birthplace Rheinbeck, New York.  
(City, town, or county) (State or foreign country)14. Maiden name Mary Keefe.15. Birthplace Unknown.  
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Fred C. Lake, Jr.,(b) Address #4360 Westminster Place.17. (a) Burial. (b) Date thereof 10/28/1940.  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cem.18. (a) Signature of funeral director C. R. Lupton & Sons.(b) Address #7233 Delmer Blv'd.19. (a) OCT 28 1940 (b) J. D. Yorkham  
(Certified local registrar) (Signature of Registrar)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....  
(c) City or town St. Louis, 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4360 Westminster Plc.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10th day 27th  
year 1940 hour A.M. minute - M.21. I hereby certify that I attended the deceased from Aug 10th - 40 -  
Oct 27, 1940, to 1940, 1940that I last saw alive on Oct. 21st. 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Coronary OcclusionDue to Arteriosclerosis - SclerosisMyocarditis - ChronicDue to SclerosisOther conditions Sclerosis  
(Include pregnancy within 3 months of death)Major findings: 930

Of operations

Of autopsy

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 J. D. Yorkham (M. D. or other)Address Int. Bld. Date signed 10/28/40

Dr. Frank D. Gorman  
6957 Delmar  
8 A.M. Monday

### 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

*Clarence H. Murray*

Licensed Embalmer No.

*4011*

P. O. Address

*St. Louis, Mo.*

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

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