DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 43814

FEB JAN 8 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2297

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.

1. PLACE OF DEATH:
(a) County Kinloch St L. Co
(b) City or town South Kinloch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
29 King St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis Co
(c) City or town Kinloch
(If outside city or town limits, write "RURAL")
(d) Street No. 29 King St
(If rural, give location)
0
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME EMMA CAMBRON

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

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wm. Cambron 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased November 25 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 9 If less than one day ____ hr. ____ min.

9. Birthplace Mount Vernon Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation housewife 1

11. Industry or business 9

FATHER
12. Name James Pigg 9
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Jefferson
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cecilia Newton
(b) Address 29 King St., Kinloch Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12 7 40
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Boyd Brothers
(b) Address Lix & Stanza Aves Kinloch

19. (a) DEC 6 1940 (Date received local registrar) (b) W. R. Meyer M.D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 4 day 40
year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from Aug 30, 1940, to Dec, 1940
that I last saw her alive on Nov 28 - 40, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Parenchymatous
Due to Nephritis
Due to
Other conditions (Include pregnancy within 3 months of death) 137
Major findings:
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Vincent J Mueller (M. D. or other)
Address 5837 Clemens Date signed X 1 Nov 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 w the above constitutes grounds for revocation of license.)

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