

Registration District No.

791

Primary Registration District No.

Registrar's 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: St. Louis Children's **D**
(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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis **17NIR**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. 4716 Oldenberg
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME JOAN FRANCES KAMER

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

4. Sex F 5. Color or race wh
6. (a) Single, widowed, married, divorced child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 12 41
(Month) (Day) (Year)

8. AGE: Years _____ Months 3 Days 7 If less than one day _____ hr. _____ min

9. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Frank
13. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)
14. Maiden name Zaretta Wilgert
15. Birthplace St. Louis 0
(City, town, or county) (State or foreign country)

16. (a) Informant D. Deemings

(b) Address 500 S. Kings Highway

17. (a) New S. S. Peter & Paul (b) Date thereof Apr 21 - 1947
(Burial, cremation, or sepulchra) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director John Ruginherm & Sons

(b) Address 7027 Pershing Ave

19. (a) APP 21 1941 (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19
year 41 hour 1 minute _____ P.M.

21. I hereby certify that I attended the deceased from 4-16-41
_____ 19____, to 4-19-41 19____;
that I last saw her alive on 4-19 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death
Hydrocephalus
Communicating **3 mos. 7 days**

Due to _____

Due to _____

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

Major findings: Hydrocephalus
Of operations _____
Of autopsy _____

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 0

23. Signature L. J. Furber (M. D. ~~owner~~)
Address University Club Bldg Date signed 4-19-41

Duration
3 mos. 7 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.