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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 466 737

Registration District No. 791

Primary Registration District No. 1003

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: BARNES HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Jan. 17 – Jan. 22 1942 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Illinois (b) County Calhoun

(c) City or town Gold Brussells NR O
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Addelle Betty Kamp

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased Jan. (Month) 15 (Day) 1926 (Year)

8. AGE:

Years	Months	Days	If less than one day
15	0	7	hr. min.

9. Birthplace Golden Eagle (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name John Kamp
13. Birthplace Golden Eagle (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Barbara Hagen
15. Birthplace Golden Eagle (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Barbara Kamp
(b) Address Brussells, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Brussells, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 22
year 1942 hour 1 minute 00 p. M.

21. I hereby certify that I attended the deceased from Jan 17 1942 to Jan 22 1942
that I last saw her alive on Jan 22 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Staphylococcus aureus septicemia	15 days
Due to Portal of entry not known 24a	
Due to	
Other conditions acute endocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Staph. pneumonia
" endocarditis

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 Edward H. Reinhardt (M. D. or other)
Address BARNES HOSPITAL Date signed 1/22/42

(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 Wilford G Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.