

Registration District No. 784

Primary Registration District No. 186

Registrar's No. 316

1. PLACE OF DEATH:

(a) County Rock **Kirkwood**
(b) City or town **Kirkwood**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Agnes Home 5**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Lizzie Kamm**

3. (b) If veteran, name war **None** 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 _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased **February 14 1860**
(Month) (Day) (Year)

8. AGE: Years **81** Months **11** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Highland, Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **unemployed**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jacob Kamm**
13. Birthplace **5 Switzerland**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **5 Switzerland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Robert Kamm**

(b) Address **Rott Road, Kirkwood**

17. (a) **Burial** (b) Date thereof **2-12-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland, Ill.**

18. (a) Signature of funeral director **Hy. Leidner U. Co.**

(b) **2223 St. Louis, Ave**

19. (a) **FEB 11 1942** (b) **C. E. Mc Larson**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**
(c) City or town **Kirkwood**
(If outside city or town limits, write "RURAL")
(d) Street No. **10341 Manchester, Road**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **24** day **10**
year **1942** hour **18** minute **P** M.

21. I hereby certify that I attended the deceased from **PM 7**
_____ 19. **41**, to **24 10** 19. **42**
that I last saw **her** alive on **24 10** 19. **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coriary dilation** Duration **3 day**

Due to **Chronic myocarditis** **3/17/41**

Due to **chronic arteriosclerosis** **5 yrs**

Other conditions **none of 3d**
(Include pregnancy within 3 months of death)

Major findings: **no fracture** PHYSICIAN _____

Of operations _____
Of autopsy **no autopsy**
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 **A. William T. Hinkle** (M. D. or other) **24**
Address **3500 N. Grand** Date signed **2/11/42**

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

9641
3

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 John P. Buehler
Licensed Embalmer No. 167A
P. O. Address 3223 So Harris Ave

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.