

13633
V. S. No. 2
DM-9-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

4535
1413

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 26 Days
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri..... (b) County..... 26 000

(c) City or town..... St. Louis.....
(If outside city or town limits, write "RURAL")

(d) Street No. 2120 N. Broadway
(If rural, give location)

(e) Citizen of foreign country?.....
If yes, name country..... (Yes or No)

3. (a) PRINT FULL NAME..... Elizabeth 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, or widowed..... Widowed

6. (b) Name of husband or wife..... Late William Kamp. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... August 28 1896.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>5</u>	<u>13</u>	hr. min.

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

10. Usual occupation..... Housework.

11. Industry or business.....

12. Name..... George Roeder

13. Birthplace..... Germany.
(City, town, or county) (State or foreign country)

14. Maiden name..... Mary Harmening.

15. Birthplace..... Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant..... Florence Doyle.

(b) Address..... 2120 Broadway

17. (a) Burial..... (b) Date thereof..... 2-16-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Bellefontaine Cem.

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

(b) Address..... 2223 St. Louis Ave.

19. FEB 15 1942..... (b) J. T. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... February..... day..... 13.
year..... 1942..... hour..... 1:52..... minute..... P..... M.

21. I hereby certify that I attended the deceased from..... January 19,
19..... 42..... to..... February 13,
19..... 42
that I last saw h..... er..... alive on..... February 13,
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Subarachnoid Hemorrhage
Cirrhosis of Liver

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy..... no

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..... [Signature]..... (M. D. or other)
Address..... 1515 Lafayette Avenue...... Date signed..... 2/13/42

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 Homer L. Ponder

Licensed Embalmer No. 3267

P. O. Address 2223 St. Louis 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.