

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 16 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 5652

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8908 Windom Ave. /  
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Overland (If outside city or town limits, write "RURAL")  
(d) Street No. 8908 Windom Ave. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LEAH 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 Widowed  
6. (b) Name of husband or wife Balthzar Kamm. 6. (c) Age of husband or wife if alive Dec'd. years  
7. Birth date of deceased March 29, 1869.  
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife.

11. Industry or business Housewife at home.

MOTHER FATHER { 12. Name Fred Koch.  
13. Birthplace ? Switzerland.  
(City, town, or county) (State or foreign country)  
14. Maiden name WIKY  
15. Birthplace ? Switzerland.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis G. Kamm.

(b) Address 4356 Maryland Ave.

17. (a) Burial (b) Date thereof 3-11-1942.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lakewood Park Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) MAR 11 1942 (b) C. H. Maxwell  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th.  
year 1942 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan.  
20 1942 to March 9 1942  
that I last saw her alive on March 9 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 yrs.

Due to \_\_\_\_\_  
Due to 131k

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

Major findings:  
Of operations \_\_\_\_\_  
Of 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 0

23. Signature Arnold H. Whinger (M. D. or other MD.)  
Address 2900 St. Ph. as Rd. Date signed 3/9/42

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

76  
13  
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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 3454

David C. Gibson ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed David C. Gibson .....

Licensed Embalmer No. 3454 .....

P. O. Address 5966 Easton St. Louis .....

**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.**