

FILED AUG 25 1942

Registration District No. 791

Primary Registration District No.

Registrar's No. 6826

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

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:
Enroute City Hospital
(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)

3. (a) PRINT FULL NAME Jewell Camden

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced li

6. (b) Name of husband or wife Katie 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased April 1, 1916
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

26	4	12	.hr. min.
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9. Birthplace Bunker, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Guard

11. Industry or business Amertorp Corp.

MOTHER FATHER { 12. Name Ellis Camden

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

14. Maiden name Julia Tucker

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

16. (a) Informant Katie Camden

(b) Address 1627 Carroll St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/15/42 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) AUG 13 1942 (Date received local registrar) (b) J. J. [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1005

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

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

(d) Street No. 1627 Carroll St
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 13, year 1942 hour 3 minute 25 A.M.

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

Immediate cause of death.....

Gun shot wound in chest
Self inflicted on aug 13-1942
at about 3:25 am at

Other conditions (Include pregnancy within 3 months of death)
Dolman - Carroll St

Major findings:
Of operations Pending

Of autopsy.....

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) Suicide

(b) Date of occurrence 8/13/42

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place)

While at work?..... (b) Means of injury 3

23. Signature Thomas F. Collins (M. D. or other)
Address Deputy Coroner Date signed 8/13/42

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

L. B. Casper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.