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S. No. 2
M-5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4006

FILED MAR 10 1943 8

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 1876

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 6 Days (Specify whether
In this community..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1922 Salisbury St.
(If rural, give location)
(e) Citizen of foreign country?..... No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Cameron
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 23,
year 1943 hour 12:00 minute A. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife..... None 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... November 6, 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 18, 1943 to February 23, 1943
that I last saw him alive on February 23, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 3 16 hr. min.

Immediate cause of death..... Syphilis -
Due to Bronchial asthma
Due to Cox pulmonale

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

Other conditions..... (Include pregnancy within 3 months of death)
Major findings:
Of operations.....
Of autopsy..... refused

11. Industry or business.....
12. Name..... William Cameron
13. Birthplace..... Unknown Scotland
(City, town, or county) (State or foreign country)
14. Maiden name..... Elizabeth Cooper
15. Birthplace..... St. Louis Missouri
(City, town, or county) (State or foreign country)

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.....

16. (a) Informant..... James Cameron
(b) Address..... 5412 Sutherland Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 2/26/43
(Month) (Day) (Year)
(c) Place: burial or cremation..... Friedens Cemetery
18. (a) Signature of funeral director..... Math Hermann & Son
(b) Address..... 2161 East Fair Ave
FEB 25 1943
19. (a) (Date received local registrar) (b) J. F. Bredenk (Registrar's signature)

23. Signature..... Louis Wendoff MD (Date of entry)
Address..... 1515 Lafayette Avenue Date signed 2/23/43

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

8402

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: *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address. *St Louis Mo*

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.