

FILED FEB 16 1945
Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 2751

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Sun Set Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Nov 27-1944 to Jan 5 1945
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis Co. Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 7629 Augusta 17
(If rural, give location) 9
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA CAMERON

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex female 5. Color or race W. 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years

7. Birth date of deceased March 5-1870
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days - If less than one day _____ hr. _____ min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER

12. Name Alexander Cameron
13. Birthplace Pictou Nova Scotia Canada
(City, town, or county) (State or foreign country)
14. Maiden name Mrs. Henderson
15. Birthplace Prince Edward Island Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Jan 704 (7741 7041th Blvd.)

(b) Address Maple Park (7629 Augusta)

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director L. A. Boff 2nd

(b) Address Turnwood Mo

19. (a) JAN 9 1945 (b) E. J. McLauran
(Date received local registrar) (Registrar's signature) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th
year 1945 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 15, 1944
to Jan 5th 1945
that I last saw her alive on January 4 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma of the breast
Due to Carcinoma of left breast
Due to 50
Other conditions (Include pregnancy within 3 months of death) _____

Duration

1 week
1 yr.

Major findings: Carcinoma of left breast - radical removal
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 _____
Signature R. A. Heslie (M. D. or other) MD
Address Kirkwood, Mo Date signed 1/6/45

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

MAY 11 1948

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kutwood MD

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.