

FILED JAN 11 1946
Registration District No. 318

Primary Registration District No. 1003

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:
1404 East Prairie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Neither
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Charles Phillip Kamp
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Mary Ann Kamp
6. (c) Age of husband or wife if alive Dec'd. years
7. Birth date of deceased Nov. 24 1867
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 2
If less than one day
hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business National Lead Co.

MOTHER FATHER {
12. Name George Kamp
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Marie Herman
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Walter P. Towhill
(b) Address 1404 East Prairie

17. (a) Burial (b) Date thereof 12/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director James McNamee
(b) Address 1431 Union Blvd.

19. (a) DEC 27 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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. 1404 East Prairie
(If rural, give location)
(e) If foreign born, how long in U.S.A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 26
year 1945 hour 4 minute A M.

21. I hereby certify that I attended the deceased from Dec 26 1945
to Dec 26 1945
that I last saw him alive on Dec 25 1945
and that death occurred on the date and hour stated above.

Immediate cause of death:
Myocardial infarct 3 weeks
Due to Coronary occlusion 4 weeks

Due to Arterio sclerosis a

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

Major findings:
Of operations _____
Of autopsy _____

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? _____

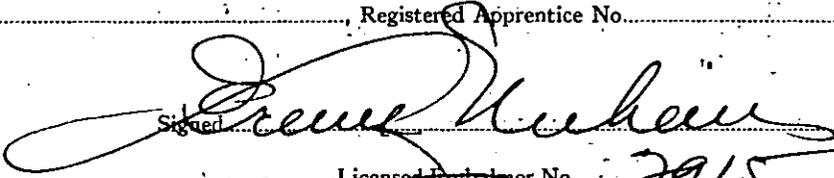
23. Signature [Signature] (Specify type of place) _____
While at work? (e) Means of injury _____
Signature [Signature] (M. D. or other)
Address 2322 N. Highway Date signed 12/27/45

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.....



Licensed Embalmer No.....

2915

P. O. Address.....

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.