U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7116

Registration District No. 27

Primary Registration District No. 6076

Registrar's No. 400

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether
In this community 53 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3036a Whittier Street 9
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Arthur G. KAMM
3. (b) If veteran, name war World I
3. (c) Social Security No. Unknown
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Dorothy Kamm
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased February (Month) 18 (Day) 1892 (Year)

8. AGE: Years 53 Months 11 Days 25 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Milk Salesman
11. Industry or business Dairy
MOTHER FATHER
12. Name Baltazar Kamm
13. Birthplace (City, town, or county) Switzerland 5 (State or foreign country)
14. Maiden name Leah Koch
15. Birthplace (City, town, or county) Illinois 1 (State or foreign country)
16. (a) Informant Clinical Clerk, Vet.Admin.Hosp.,
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) 2-16-46 (Date received local registrar) (b) E. L. M. Garran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feburary day 13
year 1946 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from January 25, 1946 to February 13, 1946; that I last saw him alive on February 13, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE (SUBARACHNOID-LUETIC) WITH HEMIPLEGIA, RIGHT, FLACCID — Duration: Unknown
Due to
Due to
Other conditions GENERAL PARALYSIS OF THE INSANE — Duration: Unknown
(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

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) No
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (Means of injury)
23. Signature HARVEY E. SISK, Maj., M.C. (M. D. or other)
Address Vet.Admin.Hosp., Jeff.Bks,Mo Date signed 2/13/45

(Licensed Embalmer's Statement on Reverse Side)

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

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 Gustav W. Dietrich

Licensed Embalmer No. 4329

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.