

FILED AUG 5 1946

Registration District No. **318** Primary Registration District No. **100**

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:
De Paul Hospital *0*
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1 week**
(Specify whether
 In this community..... **43 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME..... **August Kamins**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No.....

4. Sex..... **Male** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Anna Kamins**

6. (c) Age of husband or wife if alive..... **65** years

7. Birth date of deceased..... **August 31, 1880**
(Month) (Day) (Year)

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

65	10	21	hr. min.
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9. Birthplace..... **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Contractor**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Unknown**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Mrs. Anna Kamins**

(b) Address..... **6 Tunbridge Dr., Olivette, Mo.**

17. (a) **Burial** (b) Date thereof..... **July 26, 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Memorial Park Cemetery**

18. (a) Signature of funeral director..... **Calvin F. Feutz Funeral Home**
 (b) Address..... **4828 Natural Bridge Blvd.**

19. (a) **JUL 23 1946** **J. F. Bredeh**
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **St. Louis** *96*

(c) City or town..... **Olivette**
(If outside city or town limits, write "RURAL") *0*

(d) Street No..... **6 Tunbridge Dr.**
(If rural, give location) *0*

(e) Citizen of foreign country?..... **No** (Yes or No) *NR/1*

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22nd**
 year..... **1946** hour..... **5:00** minute..... **P.** M.

21. I hereby certify that I attended the deceased from **July 16, 1946** to **July 22, 1946**
 that I last saw her alive on **July 22, 1946**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Cerebral thrombosis** *6 days*

Due to..... **diabetes mellitus** *?*

Due to..... **hypertension** *?*

Other conditions..... **hypostatic pneumonia** *4 days*

(Include pregnancy within 8 months of death)

Major findings:
 Of operations..... **W**

Of autopsy..... **W**

PHYSICIAN..... **W**

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).....

(b) Date of occurrence.....

(c) Where did injury occur?..... **W**
(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..... **W**

23. Signature..... **J. R. Finigan** M. P. or other
 Address..... **539 N. Grand** Date signed..... **July 23, 1946**

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..... *Ralph Linder*.....
Licensed Embalmer No..... *4275*.....
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.