S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22116

FILED JUL 7 1948

Registration District No. 7 818

Primary Registration District No. 1003

Registrar's No. 6089

33

WRITE PLAINLY—USING 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: 3865 Bell Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community About 4 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ave

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 19 3865 Bell Avenue (If rural, give location) 4

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Annie Mae Cammon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Separated

6. (b) Name of husband or wife Bert Cammon

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

7. Birth date of deceased September (Month) 15th (Day) 1915 (Year)

8. AGE: Years 31 Months 9 Days 3 If less than one day hr. min.

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

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Charles Williams
13. Birthplace Monroe, Louisiana (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Lee
15. Birthplace Ripley, Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mary Lee Williams

(b) Address 3843 Cook Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/47 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue

19. (a) JUN 25 (Date received by registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 19 day 18 year 1947 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation	
Due to: Cardiac Hypertrophy	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

95c

PHYSICIAN

Underline the cause of 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? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Alfred G. Perry (M. D. or other)

Address 1300 Clark Avenue Date signed 6/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 4 1959

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 John K. Cunningham Registered Apprentice No. 452, working under my personal supervision.

Signed

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.