S. No. 300
M—10-47
v. 5-17-39
I 3906

#55578
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37952
Registrar's No. 10065

Registration District No. 818
Primary Registration District No. 1006

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff Memorial
(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

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. 411 Sidney Street.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Cameron
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Same Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Evelyn Cameron
6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased August (Month) 23 (Day) 1901 (Year)

8. AGE: Years 47 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Pinckneyville (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Painter
11. Industry or business

FATHER
12. Name John W. Cameron
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Elmina Church
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Evelyn Cameron
(b) Address 411 Sidney Street.,
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Ashley, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) NOV 20 1948 (Date received local registrar) (b) J. B. Kistler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18th year 1948 hour 5 minute 55 P.M.
21. I hereby certify that I attended the deceased from 11/10/48, 19..., to Nov. 18th, 19 48 that I last saw him alive on Nov. 18th, 19 48 and that death occurred on the date and hour stated above.

Immediate cause of death pulmonary tuberculosis — Duration 1 yr.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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)
(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 (c) Means of injury

23. Signature Frank F. Newton (M. D. or other)
Address City Hosp. Date signed 11/18

(Licensed Embalmer's Statement on Reverse Side)

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 Ellsworth O. Remelius

Licensed Embalmer No. 4283

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.