

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18048

State File No. 4389

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2059	
c. LENGTH OF STAY (In this place) 14 years		d. STREET ADDRESS (If rural, give location) 5434 Page Blvd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5434 Page Blvd.			

3. NAME OF DECEASED (Type or Print)	a. (First) Thomas	b. (Middle) J.	c. (Last) Cameron	4. DATE OF DEATH (Month) (Day) (Year) May 15, 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 27, 1867	9. AGE (In years last birthday) 82	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Sparta, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Regina Cameron
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Regina Cameron-5434 Page Blvd.	ADDRESS Mrs. Regina Cameron-5434 Page Blvd.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 yrs ago 10 yrs ago 5 or 10 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic myocardial degeneration</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cancer of Bladder</i> DUE TO (c) <i>Operation (Partial Resection) Urinary Bladder fistula</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 10 yrs ago	19b. MAJOR FINDINGS OF OPERATION Cancer of Bladder	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 181X
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22. I hereby certify that I attended the deceased from *Nov. 30, 1946*, to *May 15, 1950*, that I last saw the deceased alive on *May 15, 1950*, and that death occurred at *9 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Walter E. Kirchner M.D.</i>	U (Degree or title)	23b. ADDRESS <i>508 N. Grand Blvd (3)</i>	23c. DATE SIGNED <i>5/16/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 5/18/50	24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL HEALTH DEPT. MAY 16 1950	REGISTRAR'S SIGNATURE <i>J. B. Carter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Drehmann-Harral</i>	ADDRESS 1905 Union Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W. C. Kirchner (2-4:30)
508 N. Grand
Room 811

True

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Albert R. Thompson

Licensed Embalmer No. *4257*

P. O. Address *St. Louis*

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.