

FILED MAY 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18327
4439

BIRTH NO. 30817-50 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 MO.		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS - 18 2249	
c. LENGTH OF STAY (In this place) Since 1950		d. STREET ADDRESS (If rural, give location) 3638 PENNSYLVANIA	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) DAVID b. (Middle) - c. (Last) KAMP			4. DATE OF DEATH (Month) (Day) (Year) 5 - 18 - 50		
5. SEX m.	6. COLOR OR RACE w	7. UNMARRIED, NEVER MARRIED. WIDOWER, DIVORCED, SEPARATED	8. DATE OF BIRTH 5-18-50	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS - MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward-George-Kamp		13b. MOTHER'S MAIDEN NAME ANNIE-ANTONIA-STEFANKO		14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Edward-Kamp - 3638 Pennsylvania	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		INTERVAL BETWEEN ONSET AND DEATH 1 hr - 15 min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 776X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-18-50 (2^{PM}), 1950, to 5-18 (3^{5AM}) 1950, that I last saw the deceased alive on 5-18 (1950), and that death occurred at 3¹⁵ A m., from the causes and on the date stated above.

23a. SIGNATURE Paul M. Tarachuk MD		23b. ADDRESS 5203 Chippewa		23c. DATE SIGNED 5/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5-19-50		24c. NAME OF CEMETERY OR CREMATORY Sun Set Burial Park	
24d. LOCATION (City, town, or county) (State)					

DATE REC'D BY LOCAL REG. MAY 18 1950		REGISTRAR'S SIGNATURE J. B. Jasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ferguson Bros - 6409 Gravois	
---	--	--	--	--	--

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.