

FILED AUG 25 1950  
#11372

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 28068  
Registrar's No. 6924

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2059		d. STREET ADDRESS (If rural, give location) 5849 ETZEL AVE	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1							
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) CAMERON		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) August 14th, 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH OCT, 22, 1875		9. AGE (In years last birthday) 74	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BROOKLYN N. Y.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN F. CAMERON		13b. MOTHER'S MAIDEN NAME MARY MIREAU		14. NAME OF HUSBAND OR WIFE JANET CAMERON DECEASED			
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. 489-16-4609		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELEANOR BARRY 5849 ETZEL AVE			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tuberculosis middle cerebral artery.</i>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>General + Cerebral Arteriosclerosis</i>					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in/about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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? <i>332X</i>			
22. I hereby certify that I attended the deceased from <u>8/11/50</u> , 19 <u>50</u> , to <u>8/14/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>8/14/50</u> , 19 <u>50</u> , and that death occurred at <u>1:35am</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <i>John W. Corbili, M.D.</i>				23b. ADDRESS 1515 Lafayette Ave.,		23c. DATE SIGNED 8/14/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/16/50	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MISSOURI		
DATE REC'D BY LOCAL REG. AUG 15 1950		REGISTRAR'S SIGNATURE <i>J. B. Larcen</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Berke Hoffman*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4366

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.