

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10274**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2684**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE* (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) Life		d. FULL NAME OF HOSPITAL OR INSTITUTION 4729 San Francisco Ave.	
3. NAME OF DECEASED (Type or Print) Carl		4. DATE OF DEATH (Month) (Day) (Year) Mar. 21, 1951	
a. (First)	b. (Middle) B.	c. (Last) Kamm	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH Nov. 26, 1895
9. AGE (In years last birthday) 55		10. MONTHS 3	11. DAYS 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milk Buyer - Quality Dairy Company		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Baltz Kamm		13b. MOTHER'S MAIDEN NAME Leah Koch	
13c. NAME OF HUSBAND OR WIFE Mrs. Neoma Kamm		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. World War # 1	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Neoma Kamm		ADDRESS 4729 San Francisco Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
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) Ruptured Heart			
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 472, 2	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Patricia E. Taylor Cronin		23b. ADDRESS 31300 Clark		23c. DATE SIGNED 3-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 24, 1951		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		DATE REC'D BY LOCAL REG. MAR 22 1951		REGISTRAR'S SIGNATURE J. B. Lanter	
FUNERAL DIRECTOR'S SIGNATURE Arthur J. Ronnelly		ADDRESS 3840 Lindell Blvd.			

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

APR 25 1951

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..... *W. Van Matre*

Signed.....
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.