

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13876
3119

FILED APR 20 1951

State File No.

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 town) St. Louis, Missouri | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | c. CITY (If outside corporate limits, write RURAL and give township) 120WN 5159 Enright Avenue 2129 | |
| | | d. STREET ADDRESS (If rural, give location) 5159 Enright Ave. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GEORGE | | b. (Middle) H | |
| | | c. (Last) CAMIDGE | |
| | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 1 1951 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Dec. 20, 1874 |
| | | 9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 3 Days 12 Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Bartender - Retired | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| | | 11. BIRTHPLACE (State or foreign country) England | |
| | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | |
| | | 14. NAME OF HUSBAND OR WIFE Catherine Camidge | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. 496-18-7387 | |
| | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. G. H. Camidge-5159 Enright | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Tongue | |
| | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | 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? YES <input checked="" type="checkbox"/> NO <input 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) | | | |
| 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? 1414 | |
| 22. I hereby certify that I attended the deceased from 3-16-51 , 19___, to 4-1-51 , 19___, that I last saw the deceased alive on 4-1-51 , 19___, and that death occurred at 12:30A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) E. P. Glynn M.D. | | 23b. ADDRESS 1515 Lafayette Avenue | |
| | | 23c. DATE SIGNED 4-2-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 4/5/51 | |
| 24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL HEALTH DEPT. APR 4 1951 | | REGISTRAR'S SIGNATURE J. B. Proctor | |
| | | FUNERAL DIRECTOR'S SIGNATURE ADDRESS 5216 Delmar | |

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. 3880

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.