

STANDARD CERTIFICATE OF DEATH

40043

State File No. _____
Registrar's No. 10094

FILED DEC 2 1952

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PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. 10094			
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.			c. LENGTH OF STAY (In this place)			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			2239		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1230 Russell Blvd				d. STREET ADDRESS (If rural, give location) 23 1230 Russell Blvd							
3. NAME OF DECEASED (Type or Print)		a. (First) James		b. (Middle) Joseph		c. (Last) Camarata		4. DATE OF DEATH (Month) (Day) (Year) Nov 3 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan 10 1947		9. AGE (In years last birthday) 5	10. IF UNDER 1 YEAR Months	11. IF UNDER 1 YEAR Days	12. IF UNDER 1 YEAR Hours	13. IF UNDER 1 YEAR Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At School			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) St Louis Missouri			12. CITIZEN OF WHAT COUNTRY? U S		
13a. FATHER'S NAME Joseph Camarata			13b. MOTHER'S MAIDEN NAME Rudell Coomer			14. NAME OF HUSBAND OR WIFE None					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Camarata 1230 Russell Blvd					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 6 months	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, acute							
				ANTECEDENT CAUSES							
				<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p>							
				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 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)						
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? 2043						
22. I hereby certify that I attended the deceased from Dec. 5, 1952, to Nov 3, 1952, that I last saw the deceased alive on Nov 1, 1952, and that death occurred at 2 A.M. " " m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) John C. Verweg M.D.				23b. ADDRESS 500 South Kings Highway				23c. DATE SIGNED Nov 3, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/6/52		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery			24d. LOCATION (City, town, or county) (State) St Louis Missouri				
DATE REC'D BY LOCAL REG. NOV 3 1952		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av						

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

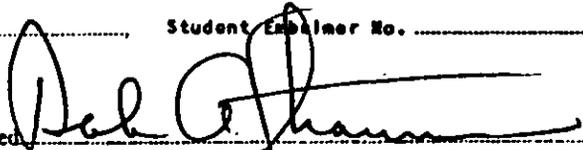
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4533

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.