

FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35212

State File No. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **9280**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 9280	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips				e. STREET ADDRESS (If rural, city location) 4313^{1/2} St. Louis			
3. NAME OF DECEASED (Type or Print) a. (First) Earl b. (Middle) _____ c. (Last) Camp			4. DATE OF DEATH (Month) (Day) (Year) 10-8-54				
5. SEX M		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 17, 1900	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Specify kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Hawk Point, Missouri	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME John Camp		13b. MOTHER'S MAIDEN NAME Ellie Harris		14. NAME OF HUSBAND OR WIFE Eleanor B. Camp	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 494-09-6552		17. INFORMANT'S SIGNATURE OR NAME Eleanor B. Camp ADDRESS 4313^{1/2} St. Louis			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull				INTERVAL BETWEEN ONSET AND DEATH _____			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Subdural Hematoma				suffered when he fell from window of his home on October 5, 1954 at about 3:42 a.m.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (c) Accident			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 342 am. Accident				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo		21f. HOW DID INJURY OCCUR? 000 E 902.0	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 5 54 3:42 a.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 0551 m., from the causes and on the date stated above. 21			
23a. SIGNATURE Patrick C. Taylor Carver (Degree or title) _____				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 10/13/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 10, 1954		24c. NAME OF CEMETERY OR CREMATORY Northlawn City Mo.		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG OCT 13 1954		REGISTRAR'S SIGNATURE Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Carver ADDRESS 1221 N Grand			

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Gunton Swan*

Licensed Embalmer No. *458*

P. O. Address..... *3212*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**