

FILED VS FEB 1 1961 318

1003

823

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

AMENDED

DATE AMENDED

INSTEAD OF AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY 1009 Elliott Ave.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis			Length of stay in 1b		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1009 Elliott Ave.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1009 Elliott Ave.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Louis (Lewis) .Camp				4. DATE OF DEATH Month Day Year 1- 25 61			
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		8. DATE OF BIRTH 2-24- 1909	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter			10b. KIND OF BUSINESS OR INDUSTRY unemployed		11. BIRTHPLACE (City and state or country) Troy, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Pearl Camp			13b. MOTHER'S MAIDEN NAME Lizzie Wright			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				17. INFORMANT Address Ivonia (Bonnie) Harris 1009 Elliott Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Bronchitis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>1-20-61</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c) <i>500 x</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>Jan 19</i> to <i>Jan 25</i> and last saw her alive on <i>Jan 25</i> . Death occurred at <i>11:00 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>James Caldwell M.D.</i>				22b. ADDRESS <i>2621 1/2 W. 41st St</i>		22c. DATE SIGNED <i>1-27-61</i>	
22d. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		22e. DATE <i>1-30-61</i>	22f. NAME OF CEMETERY OR CREMATORY <i>Troy-Cemetery</i>		22g. LOCATION (City, town, or county) <i>Troy,</i>		(State) <i>Mo.</i>
24. FUNERAL DIRECTOR <i>Dement & Son</i>			ADDRESS <i>2629-31 Cole Street</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 27 1961</i>	26. REGISTRAR'S SIGNATURE <i>Roald Smith, M.D.</i>	

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 *M. Claude Gordon*

Licensed Embalmer No. 3489

P. O. Address 1123 N. Jaxa

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.