

AMENDED
 MAR 28 1961

XC-2947125

SL 136751003

2561

-61-011084
 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DATE AMENDED
 3/15/61
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Length of stay in 1b 8 DAYS		c. CITY OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2702 ^A NORTH SPRING		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM J KAMUF				4. DATE OF DEATH Month Day Year 3/16/61			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/28/88	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN			10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME CHRIST KAMUF			13b. MOTHER'S MAIDEN NAME MARGARET HEUCKRUTH		14. NAME OF HUSBAND OR WIFE LAURA KAMUF		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1				17. INFORMANT Address LAURA KAMUF (WIDOW) SEE#2			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK DUE TO (b) PULMONARY EDEMA DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE 4200							INTERVAL BETWEEN ONSET AND DEATH HOURS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL VASCULAR ACCIDENT, CHRONIC LUNG DISEASE					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 checked="" type="checkbox"/> NO <input 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
21a attended the deceased from 3/8/61 to 3/16/61 and last saw him alive on 3/16/61 Death occurred at 2:55 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE LSE C. SHINE			(Degree or title) M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 3/16/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/18/1961	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		23d. LOCATION (City, town, or county) Bellefontaine Neighbors, MO			(State)
24. FUNERAL DIRECTOR Morrell Funeral Home			ADDRESS 3710 N. Grand	25. DATE RECD. BY LOCAL REG. MAR 17 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

OCT 19 1961

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 Lorox E. Percy
4094
Licensed Embalmer No. _____

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