

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

318

1003

6396

=61-026658
STATE FILE NUMBER

AMENDED

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

FILED JUL 25 1961

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Missouri.</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DePaul Hospital</u> | | d. STREET ADDRESS (If outside, give location) <u>6059 Shulte Avenue.,</u> | |

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| 3. NAME OF DECEASED (Type or print) First <u>Clara</u> Middle <u>Ann B.</u> Last <u>Camp</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>7</u> Year <u>1961</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>5/5/1902</u> | 9. AGE (last birthday) <u>59</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Cab Company</u> | | 11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri.</u> | |
| 13a. FATHER'S NAME <u>Benjamin Kruep</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unavailable</u> | | 14. NAME OF HUSBAND OR WIFE <u>Walter Camp</u> | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 17. INFORMANT <u>Walter Camp, 6059 Shulte Avenue.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Perforated duodenal ulcer with</u> DUE TO (b) <u>generalized peritonitis</u> DUE TO (c) <u>541.1</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
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| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month _____ Day _____ Year _____ |
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| 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 _____ |
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| 21. I attended the deceased from <u>July 7-1961</u> to <u>July 7-1961</u> and last saw her <u>July 7-1961</u> alive on <u>July 7-1961</u> | |
| Death occurred at <u>9:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated. | |

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| 22a. SIGNATURE <u>John G. McJannet M.D.</u> | (Degree or title) | 22b. ADDRESS <u>5014 Thekla Av</u> | 22c. DATE SIGNED <u>7/10/61</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>7/11/61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Pickers Cemetery</u> | 23d. LOCATION (City, town, or county) <u>St. Louis, Missouri.</u> |
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| 24. FUNERAL DIRECTOR <u>Albert H. Hoppe, Inc., 4700 Washington Blvd.,</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>JUL 10 1961</u> | 26. REGISTRAR'S SIGNATURE <u>Roan Smith. M.D.</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 7 19 61
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Wash

St. Louis,

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.