MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-024482
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6396

FILED JUL 6 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED 7/2

ITEM NO. | SHOULD READ | INSTEAD OF

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST LOUIS,
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4127 GLASGOW AVE
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI COUNTY
c. CITY OR TOWN: ST LOUIS,
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4127 GLASGOW AVE
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FRED Middle H. Last CAMP

4. DATE OF DEATH: Month JUNE Day 27, Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1/9/92
9. AGE (last birthday): 70
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): RETIRED POLICE OFFICER
10b. KIND OF BUSINESS OR INDUSTRY: METROPOLITAN
11. BIRTHPLACE (City and state or country): ST LOUIS
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: HERMAN CAMP
13b. MOTHER'S MAIDEN NAME: MINNIE HUNEICK
14. NAME OF HUSBAND OR WIFE: ELIZABETH CAMP

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: ELIZABETH CAMP Address: 4127 GLASGOW AVE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Myocardial infarction	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic coronary thrombosis	8 weeks
DUE TO (c)	Arteriosclerotic heart disease	8 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 420.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 October, 1956 to June 27, 1962 and last saw ~~her~~ him alive on June 27, 1962
Death occurred at 5 50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John F. Lawton, M.D.
22b. ADDRESS: 634 N. Grand Blvd.
22c. DATE SIGNED: June 28, 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 6/30/62
23c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
23d. LOCATION (City, town, or county) (State): ST LOUIS MISSOURI

24. FUNERAL DIRECTOR: STROOT - CARROLL
ADDRESS: 4600 NAT'L BRIDGE
25. DATE REC'D BY LOCAL REG.: JUN 28 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Dr John Lawton
Mo Theatre Bldg
DE3-3076

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 W Rueter

Licensed Embalmer No. 4865

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.