

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSSTATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **29791**  
Registrar's No. **8697**FILED OCT 13 1943  
Registration District No. **318**Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
 (b) City or town St. Louis, Missouri  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis City Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 7 Days  
 (Specify whether  
 In this community \_\_\_\_\_ years, months or days)

3. (a) PRINT  
FULL NAMELillie Camus3. (b) If veteran,  
name war 03. (c) Social Security  
No. None4. Sex female 5. Color or race white 6. (a) Single, widowed, married,  
divorced, single6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased Oct. 17, 1867.  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
75 11 13 hr. min.9. Birthplace Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation Retired

## 11. Industry or business

12. Name Henry Camus13. Birthplace France  
(City, town, or county) (State or foreign country)14. Maiden name Don't Know15. Birthplace France  
(City, town, or county) (State or foreign country)16. (a) Informant Edward F. Jalageas(b) Address East, St. Louis, Ill.17. (a) Burial (b) Date thereof Oct. 2/43.  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Hallefontain Cem.,18. (a) Signature of funeral director Jos. W. Clark(b) Address 1125 Hodiamont Ave.19. (a) Oct 1 1943 (b) J. F. Bredach  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5132 Cabanne Ave.,  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 30.  
year 1943 hour 6:45 minute P. M.21. I hereby certify that I attended the deceased from September  
24. 19 43 to September 30. 19 43.  
that I last saw h. or alive on September 30. 19 43.  
and that death occurred on the date and hour stated above.Duration  
Immediate cause of death \_\_\_\_\_Aspiration Pneumonia  
(terminal bronch. pneumonia)  
Carcinoma of BladderDue to Bilateral HydronephrosisOther conditions  
(Include pregnancy within 3 months of death)Major findings:  
Of operations 52

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_23. Signature L. T. F. (M. D. or other) MD  
Address 1515 Lafayette Avenue, Date Signed 10/1/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed W E Morris

Licensed Embalmer No..... 3360

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 this body is not embalmed, fact should be so stated above.**