

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31751

State File No. _____

FILED NOV 21 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9275

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1230 Hampton Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 417
(If outside city or town limits, write "RURAL")
(d) Street No. 1230 Hampton 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Esther Ruth Cambron

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Francis Cambron 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased April 23 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>23</u>	<u>5</u>	<u>24</u>	_____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Hampton K. Watts

13. Birthplace Oblong Illinois /
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Smith

15. Birthplace St. Louis Missouri /
(City, town, or county) (State or foreign country)

16. (a) Informant H.K. Watts

(b) Address 1230 Hampton Ave.

17. (a) Burial (b) Date thereof 10-29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4300 Washington Blvd.

19. (a) OCT 26 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 17
year 1945 hour 2:30 minute a. M.

21. I hereby certify that I attended the deceased from Jan 1st 1944 to Oct 17 - 1945
that I last saw him alive on Oct 17 - 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure (Rheumatic Heart) Duration _____

Due to Aortic Insufficiency
Mitral Stenosis
Due to Mitral Insufficiency

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature J. Roy Crumpton M. D. _____
Address 16122 Page Blvd Date signed 10/24/45

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

00
17
9

MOTHER FATHER

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 Oliver R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.