

DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4481**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution _____
In this community William T. Cambron
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Florissant
(d) Street No. _____
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME William T. Cambron
(b) If veteran, name war (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month May day 17 year 1946 hour 6:05 minute P.
21. I hereby certify that I attended the deceased from May 9, 1946, to May 17, 1946.
that I last saw him alive on May 17, 1946, and that death occurred on the date and hour stated above.

5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Marie (c) Age of husband or wife if alive 54 years
7. Birth date of deceased February 25 1886
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis
Duration day
Due to ?
Due to ?
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy none

8. AGE: Years 60 Months 2 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Old Monroe Mo
(City, town or county) (State or foreign country)
10. Usual occupation Barber

11. Industry of business _____
12. Name William T. Cambron
13. Birthplace Kentucky
(City, town or county) (State or foreign country)
14. Maiden name Clara Baker
15. Birthplace Mo. N
(City, town or county) (State or foreign country)

16. (a) Informant Marie Cambron
(b) Address Florissant Mo

17. (a) Burial (b) Date thereof 5-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Mortuary, Calvary, St. Louis

18. (a) Signature of funeral director Wm. H. Stuart
(b) Address 1225 Union Blvd.
19. (a) MAY 19 1946 (b) J. J. Bredeck
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature J. J. Bredeck (M. D. or other) MD
Address 2115 S. Grand Date signed 5-18-46

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

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

17136

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 *R. W. Wilkison*

Licensed Embalmer No. 3575

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.