

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

FILED AUG 27 1948

Registration District No. **318**

Primary Registration District No. _____

Registrar's No. **21981**

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: St. Lukes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 weeks (Specify whether)
 In this community 10 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 12
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 (d) Street No. 5540 Delmar (If outside city or town limits, write "RURAL" and location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Edward Livingston Camp
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex M.O. 5. Color or race W.
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Emily Virginia, Dec.
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 14 1865
 (Month) (Day) (Year)

8. AGE: Years 80 Months 11 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Cedar Rapids, Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Retired
 11. Industry or business Mnfr. & Farmer

MOTHER FATHER { 12. Name Edward Livingston Camp
 13. Birthplace Unknown (City, town, or county) (State or foreign country) 95
 14. Maiden name Hoppe Benson
 15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

16. (a) Informant Mrs. Woodson Barnhart
 (b) Address 5540 Delmar

17. (a) Removal (b) Date thereof 8/20-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedar Rapids, Iowa

18. (a) Signature of funeral director Alexander Louis
 (b) Address 6175 Delmar

19. (a) AUG 19 1948 (b) J. F. Bredbeck
 (Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug. day 17 year 1946 hour 8 P minute _____ M.
 21. I hereby certify that I attended the deceased from July 29/46 to Aug 17/46, 1946.
 that I last saw alive on Aug 17/46 11am and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Frontale
Basal Epithel. Int.
Metast. Secondary (Tumor)
 Due to _____

Due to Carcinoma Frontale
Partial Subtotal Obst
 Other conditions Ch. Myo. Cordis
 (Include pregnancy within 3 months of death)

Major findings: Examina
 Of operations Uterina
 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature J. F. Bredbeck (M. D. or other)
 Address 370 Washington Date signed 8-19-46

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

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar*

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.