

X
No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34744

State File No.

FILED NOV 9 1951

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 19

120
3

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>O'Fallon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Normandy,</u>	
c. LENGTH OF STAY (In this place)		4181	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>On Highway</u>		d. STREET ADDRESS (If rural, give location) <u>8664 Geiger Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u>	b. (Middle) <u>C.</u>	c. (Last) <u>KAMER JR.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 26 1951.</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 9, 1932.</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. Stop if retired) <u>Store room Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wagner E. Co.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Clarence C. Kamer Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Bernice Null</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bernice Kamer</u>	ADDRESS <u>8664 Geiger RD.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>68165</u> <u>26</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Injuries suffered in automobile accident</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>092</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 21 51 7P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Collision Chev. car and Greyhound bus</u>
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22. I hereby certify that ~~I have read~~ the deceased from 10/26/51, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7.P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Maria Mueschler</u>	23b. ADDRESS <u>Cornor Wentzville mo</u>	23c. DATE SIGNED <u>10-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 25, 1951.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cem.,</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>10/26-51</u>	REGISTRAR'S SIGNATURE <u>E. W. Keithly</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark</u>	ADDRESS <u>1125 Hodiamont Ave.,</u>
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File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV - 3 1951

RECEIVED

DEC 9 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed John S. Demmel

Signed.....
Student Embalmer

Licensed Embalmer No. 4194

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.