

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15181
REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1053

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (In this place) 19 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERAND ADMINISTRATION HOSP.		e. STREET ADDRESS (If rural, give location) ROUTE #1	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) P.	
c. (Last) KAMER		4. DATE OF DEATH (Month) (Day) (Year) 4-18-52	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 7-2-73
9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SWITCHMAN		10b. KIND OF BUSINESS OR INDUSTRY RAILROAD	11. BIRTHPLACE (City and State or Foreign Country) Paris, France
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE MARY KAMER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. SEA W	
17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, JEFF. BRKS., MO.		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE AND HYPERTENSIVE CARDIOVASCULAR DISEASE ANTECEDENT CAUSES, AND DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOLAR NEPHROSCLEROSIS		INTERVAL BETWEEN ONSET AND DEATH 10 yrs. 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) SUICIDE	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from 3-30-52 , to 4-18-52 , and that death occurred at 9:37a m., from the causes and on the date stated above.	
23a. SIGNATURE R & M		23b. ADDRESS M.D. VAH, JEFF. BRKS. MO.	
23c. DATE SIGNED 4-18-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Apr. 22, 1952		24c. NAME OF CEMETERY OR CREMATORY National Cemetery	
24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE E. Hoffmeister U&L Co., 7814 S. Bdw. St. Louis Mo	
DATE REC'D BY LOCAL REG. 4-21-52		REGISTRAR'S SIGNATURE Herbert R. Donke	

Sw Licensed Embalmer's Statement on Reverse Side

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed James C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Bond

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.