

FILED MAY 28 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20099**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>1372</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>St. Louis</u>				a. STATE <u>Mo</u>		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>University City</u>		c. LENGTH OF STAY (in this place) <u>17 mos</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2109</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Old Folks Home</u>				d. STREET ADDRESS (If rural, give location) <u>4552 ASHLAND</u> <u>1</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Minnie</u>			b. (Middle) <u>Munroe</u>			c. (Last) <u>Cameron</u>	
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb 19, 1868</u>		9. AGE (In years last birthday) <u>85 YRS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teaching</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Montreal Canada</u> <u>2</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Colin Cameron</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Munro</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Solon Cameron #43 Washington Terr.</u>			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				DUE TO (b) <u>HYPERTENSIVE CARDIOVASCULAR DISEASE</u> <u>10 YEARS</u>			
				DUE TO (c) <u>ARTERIOSCLEROSIS, GENERALIZED</u> <u>10 YEARS</u>			
				H. OTHER SIGNIFICANT CONDITIONS			
				i. 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"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		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 <u>OCT. 28, 1951</u> to <u>MAY 15, 1953</u> , that I last saw the deceased alive on <u>MAY 15, 1953</u> , and that death occurred at <u>8:30 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert A. Hall</u> <u>M.D.</u>				23b. ADDRESS <u>3902 LAFAYETTE ST. LOUIS, MO.</u>		23c. DATE SIGNED <u>MAY 15, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 15, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-17-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dunk-M. Alexander</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>6175 Delmar</u>			

P.T. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK

Dr Robt G Hall
3902 Lafayette
Si 7646

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 E McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dillman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.