

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

2105

1927

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Perley (No. 6335)

Registration District No. 789
 Primary Registration District No. 6033B

File No. _____
 Registered No. 27
 St. _____ Ward _____

2. FULL NAME

Henny Ph. Hampel

(a) Residence No. 6335 Perley Ave. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (or) WIFE OF Margaret

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76</u>	<u>10</u>	<u>8</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Brick Layer
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jacob Hampel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Helen Berger
 (Address) 3900 S. Aldrey

15. FILED 1/27 1927 Perley Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 25 1927
 17. I HEREBY CERTIFY That I attended deceased from Dec 25 1926 to January 25 1927 that I last saw him alive on Jan 25 1927, and that death occurred, on the date stated above, at 7:30 a.m. (P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Myocarditis Acute

(duration) yrs. mos. ds. 28
 CONTRIBUTORY (SECONDARY) Myocarditis Chronic
Arteriosclerosis (duration) yrs. mos. ds. 28

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
 (Signed) Louis N. Engel M. D.
Jan 26, 1927 (Address) 6700 B. Street St. Louis

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maxville Mo DATE OF BURIAL Jan 28 1927
 20. UNDERTAKER Bendler & Co ADDRESS 2819 Maple

