

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

Do not use this space.

28634
8167

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1002**

City **St. Louis** (No. **City 1001**)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. **4567a** **Clannel 10** Ward. (If nonresident give city or town and State)

Length of residence in city or town where death occurred **5** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept 12 1927**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

17. I HEREBY CERTIFY, That I attended deceased from **Aug 13 1927** to **Sept 12 1927** that I last saw him alive on **Sept 12 1927**, and that death occurred, on the date stated above, at **1102 87**.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 8 - 1882**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **45 1 4**

**Chronic pulmonary tuberculosis
23A**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Crossman**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

CONTRIBUTORY (SECONDARY) **31**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Illinois**

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER

John W. Wampler

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Germany**

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **Edmund R. Sheehan**, M.D.

12. MAIDEN NAME OF MOTHER

(STATE OR COUNTRY) **Illinois**

*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.

14. INFORMANT

(Address) **City 1001**

19. PLACE OF BURIAL, CREMATION OR REMOVAL

DATE OF BURIAL

New Bethelham Cem 9-15 1927

15. FILED

SEP 14 1927 **May E. Otamery** REGISTRAR

20. UNDERTAKER

ADDRESS

Genteman Wagon 4520 Wame

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.

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