

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

Do not use this space.
21052
~~1131~~
File No. _____
Registered No. **5888** .
St. _____ Ward)

1. PLACE OF DEATH
County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St Louis** (No. **5037 Highland Ave**) St. _____ Ward)

2. FULL NAME **Charles Kamper**
(a) Residence. No. _____ St. **6** Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male**

4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Pauline Kamper**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Unknown 1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
abt. 64

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work **City Street Inspector**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

10. NAME OF FATHER **William Kamper**

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

12. MAIDEN NAME OF MOTHER **Ann Nolan**

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

14. INFORMANT **Pauline Kamper**
(Address) **5037 Highland Ave**

15. FILED **Jun 18 1930** **Max C. Starker**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6-16 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 15**, 19**30**, to **June 16**, 19**30** that I last saw h. (or) ... alive on **June 16**, 19**30**, and that death occurred, on the date stated above, at **6 P.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary embolus
59
94B

(duration) yrs. mos. ds.
Diabetes Mellitus
CONTRIBUTORY (SECONDARY)
(duration) **3** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

20. WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical & laboratory findings**
(Signed) **D. M. McCreary**, M. D.
6/17 1930 (Address) **5738 W. Florissant**

*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 **Babery** **6-19 1930**
DATE OF BURIAL

20. UNDERTAKER **Arthur J. Donnelly**
ADDRESS **2039 Wash St**

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.

116

13

15

02 (Real)

5750

12.20

12.20