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

Do not use this space.

25183

File No. 7408.

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. Christian Hosp St. ..... Ward)

2. FULL NAME Frederick H. Hampe

(a) Residence. No. 1908 Sullivan ave St., 26 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF ~~(OR) WIFE OF~~ of Charlotte Hampe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12th 1853

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
77	0	10	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Hm Hampe
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Charlotte Hampe
(Address) 1908 Sullivan

15. FILED JUL 24 1930, 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22nd 1930

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1930 to July 22, 1930 that I last saw him alive on July 22, 1930, and that death occurred, on the date stated above, at @ 11:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of stomach
46B

(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S. A. Vanhoefen, M. D.
7/23. 1930 (Address) 8313 Halls Ferry Rd

*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: St Johns North — DATE OF BURIAL: July 26 1930

20. UNDERTAKER: Ky Leidner Und. Co. — ADDRESS: 1417 N. Market 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.