WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

24219

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6332

City St. Louis (No. 2126, Chippewa St. ..... Ward)

2. FULL NAME John Hamper Gr.

(a) Residence, No. 2126 Chippewa St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 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 Magdalena Hamper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6 1864

7. AGE Years 67 Months 11 Days 2 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe repairing

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 89

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER

13. NAME Unknown Hamper 9

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Peter Hamper 4028 Nebraska Av.

18. BURIAL, CREMATION, OR REMOVAL

PLACE S. S. Peter & Paul DATE 7-11 1932

19. UNDERTAKER (ADDRESS) Witt Bros and H Co. 2824 S. Jefferson Av.

20. FILED JUL -9 1932 19 [signature] Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-28, 1932, to 7-8, 1932

I last saw him alive on 7-7, 1932. Death is said to have occurred on the date stated above, at 10 a.m. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset Oct-1931

46B 46B

Other contributory causes of importance: None

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical & Lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) P. Brickbauer, M. D.

(Address) 3147 S. Jefferson