

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

Do not use this space.

32705

**1. PLACE OF DEATH**

County Franklin  
Township Central  
City (No. ....) .....

Registration District No. 294  
Primary Registration District No. 5409B

File No. ....  
Registered No. 42 .....

**2. FULL NAME**

(a) Residence, No. St. Clair Mo .....

(Usual place of abode) .....

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of HUSBAND OF (OR) WIFE OF) <u>Elizabeth Kamper</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 6, 1865</u>		
7. AGE	YEARS <u>68</u>	MONTHS <u>18</u>
	DAYS <u>18</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Henry Kamper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Wm. Kamper St. Clair, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Clair, Mo.</u> DATE <u>10-26-1933</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Egan &amp; Co St. Clair, Mo.</u>		
20. FILED <u>10/28</u> 19 <u>33</u> <u>Carl E. Johnson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24th 1933

22. I HEREBY CERTIFY, That I attended deceased from June 16th 1932 to Oct 24 1933  
I last saw him alive on Oct 20 1933 Death is said to have occurred on the date stated above, at 11 A. m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis  
Date of onset ?

Other contributory causes of importance:  
Chronic Prostatitis  
Chronic Nephritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical symptoms 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) C. F. Bridgell M. D.  
(Address) St. Clair, Mo.

PRINTED WITH ENGRAVING 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.

NOV 10 1933

