

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.

MAR 15 1935

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township **1003**
City **St. Louis** (No. **2244** & **Indiana**)

7089
File No.
Registered No. **1499**
St. Ward)

2. FULL NAME

(a) Residence, No. **2244 & Indiana** St. **23** Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **white**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Apr. 14 - 1870**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 9 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Home wife**
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) **St. Louis**

13. NAME **Carl Hamppe**

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

15. MAIDEN NAME **Worthington Hall**

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

17. INFORMANT **William Rotty**
(ADDRESS) **2244 & Indiana**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Old St. Marcus** DATE **Feb 13 35**

19. UNDERTAKER **W. J. Monahan**
(ADDRESS) **1926 J. Allen**

20. FILED **FEB 13 1935** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 10** 19**35**

22. I HEREBY CERTIFY That I attended deceased from **Jan 28** 19**35** to **Feb 10** 19**35**
I last saw h.e.r. alive on **Feb 9** 19**35** Death is said to have occurred on the date stated above, at **6:00** p.m.

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

Carcinoma Throat
Date of onset **?**
Other contributory causes of importance: **AS**

Name of operation **X-Ray therapy - Barium**
What test confirmed diagnosis? **Barium** Date of **Jan 19 35**
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?
If so, specify **Pierce W. Powers**, M. D.
(Signed) **Pierce W. Powers**, M. D.
(Address) **2531 1/2, Jefferson**

