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.

APR 2 8 1935

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

Do not use this space.

14333

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, (No. St. Anthony Hospital St. ..... Ward)

File No. .....

Registered No. 3150

2. FULL NAME Elizabeth Hampel

(a) Residence, No. 3418 Keokuk Street. St., 16 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: Female

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: Anton Hampel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23, 1880.

7. AGE: YEARS 54 | MONTHS 3 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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, Mo.

FATHER

13. NAME: Frank J. Flacke

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

MOTHER

15. MAIDEN NAME: Sophia Gildehaus.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): Anton Hampel 3418 Keokuk St.

18. BURIAL, CREMATION, OR REMOVAL

SS. PLACE Peter and Paul Cem. DATE Apr. 8, 1935.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co. 2842 Meramec St.

20. FILED APR - 3 1935 19 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to 4-4-35, 19.....

I last saw her alive on 4-4-35, 19..... Death is said to have occurred on the date stated above, at 5 45 P. m.

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

Carcinoma of ovary — Date of onset: ?

49

Other contributory causes of importance: Metastasis.

Name of operation: Saporotomy Date of 4-4-35

What test confirmed diagnosis? Usual. 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) T. Kennedy, M. D.

(Address) Univ. Club Bldg