

83 1937

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

Do not use this space.

no
8948
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1. PLACE OF DEATH

County... Saint Louis, Missouri. Registration District No. 1123
Township... Carondelet Primary Registration District No. 6248 B
City... Jefferson Barracks (No. Vets. Adm. Fac.) St. _____ Ward _____

2. FULL NAME Elgan P. STAMPER

(a) Residence, No. 629 Jefferson Street St. _____ Ward Centralia, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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 Bessie L. Stamper

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 2 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Poultry Man
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) January 1, 1937 11. Total time (years) spent in this occupation 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton Hill Missouri

13. NAME Joseph Stamper

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clifton Hill Missouri

15. MAIDEN NAME Alice Richardson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marceline North Carolina

17. INFORMANT (ADDRESS) M. Schilling Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia, Missouri Feb. 10, 1937

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & L. Co. 7814 S. Broadway

20. FILED 2-11-1937 E. Mourry Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1937, to February 10, 1937

I last saw him alive on February 10, 1937 Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Nephritis, chronic, without edema with marked nitrogen retention. Date of onset Unknown

Other contributory causes of importance: Arteriosclerosis, generalized; Pneumonia, bronchial right. Unknown

Name of operation None Date of Physical, clinical, laboratory
What test confirmed diagnosis? None Was there an autopsy? YES

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 _____

(Signed) C. W. Hughes, M.D. Officer, M. D.
(Address) Jefferson Barracks, Missouri.

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.

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