DEC 28 1937

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

42471
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 1123
(b) Township Carondelet — Primary Registration District No. 6 2 1 5 A — Registered No. 451
(c) City Sappington — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George J. Kampman
(a) Residence, No. Gravois & Kennerly Rd. St. ☐
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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: Charlotte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 17th 1889

7. AGE: YEARS 47 — MONTHS 11 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Tavern owner
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): O' Fallon Mo.

FATHER
13. NAME: Henry Kampman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER
15. MAIDEN NAME: Josephine Heck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Charlotte Kampman, Gravois & Kennerly Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk DATE 11/17/37, 19

19. FUNERAL DIRECTOR (ADDRESS): J. L. Ziegenhein & Sons, 7027 Gravois Ave.

20. FILED Nov 16, 1937 — G Mowry, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ab. 3a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Struck by a hit & run driver while a pedestrian on a public highway	11/14/37

Other contributory causes of importance:

Fractured skull	11/14/37

Name of operation: None — Date of .....
What test confirmed diagnosis? Physical Signs — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident — Date of injury 11/14, 1937
Where did injury occur? Sappington Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury: Struck by hit & run driver
Nature of injury: Fractured skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) John O'Connell M. D.
(Address) Coroner, St. Louis Co.

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by .....

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Clarence P. Kidwell

Licensed Embalmer No. 3877

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)