

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

522
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1009**
 (c) City **St. Louis, Mo.** (d) Street No. **2609a Montgomery Street** St. **378**
 (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 **Annie Kamphafner, 511**

(a) Residence, No. **2609a Montgomery Street** St. **20** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **the late Herman Kamphafner**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 28th. 1859**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
78	4	12	

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. **Housework**
 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) **Germany**

FATHER

13. NAME **Fred Wm. Weyrich**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER

15. MAIDEN NAME **Annie Spi ttel**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Lydia Kettles**
2609a Montgomery St

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **1-13-38**

19. FUNERAL DIRECTOR (ADDRESS) **Wm. Reider Mgr. Co.**
1410 N. Market Street.

20. FILED **JAN 11 1938** **J. J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 10th 1938**

22. I HEREBY CERTIFY That I attended deceased from **Aug 20**, 19**37**, to **Jan 10th**, 19**38**
 I last saw her alive on **Jan 10th**, 19**38**. Death is said to have occurred on the date stated above, at **10:56 P**
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset **1-4-38**

Other contributory causes of importance:
Chronic Nephritis - Chronic Myocarditis + Rheumatic Cystitis 10 yrs

Name of operation **None** Date of
 What test confirmed diagnosis? **Chemical** 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 **No**
 (Signed) **E. A. Schumacher**, M. D.
 (Address) **4420 Natural Bridge**

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.

2/24/14 1 24/14

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 *A. H. Siedler*
Licensed Embalmer No. *2206*

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.)