

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.

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

24105
Do not use this space.

1. PLACE OF DEATH **Isolation Hospital** 1938
 (a) County **St. Louis** Registration District No. **791**
 (b) Township **Missouri** Primary Registration District No. **1003**
 (c) City **St. Louis, Missouri** (d) Street No. **Isolation Hospital** 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.
Sophie
 2. PRINT FULL NAME **Antonie Hample** 514
 (a) Residence, No. **4843 Franklin** St. **7** (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **John Hample**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec 22, 1869**
 7. AGE YEARS **70** MONTHS **7** DAYS **6** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House wife**
 9. Industry or business in which work was done, as 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) **Missouri**
 FATHER 13. NAME **Henry Bror**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 MOTHER 15. MAIDEN NAME **Henriette Ripp**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**
 17. INFORMANT (ADDRESS) **Mrs Barry 5600 Arsenal**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park July 30, 1938**
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math Hermann & Son 2161 East Fair Avenue**
 20. FILED 19 **J. F. Brudick Local Registrar**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 28, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **May 31, 1938** to **July 28, 1938**
 I last saw her alive on **July 28, 1938**. Death is said to have occurred on the date stated above, at **2:23 p.m.**
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset
 Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? 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
 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) **ED Leitch**, M. D.
 (Address) **5600 Arsenal**

JUL 30 1938

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision:

Signed *William G. Buehler*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis, Mo*

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.)

If this body is not embalmed, above space should be left blank.