1939 REC'D MAY 11 1939

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

16118
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2
(b) Township 1
(c) or City Pine Lawn
Registration District No. 784
Primary Registration District No. 200
Registered No. 294
(d) Street No. ~~6825 NATL BRIDGE RD.~~ Lady of Good Counsel Home 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 513 ROSE HAMPTON
(a) Residence, No. 6825 NATL 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: 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: SAMUEL HAMPTON
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): APRIL 28, 1846
7. AGE: YEARS 93 | MONTHS 0 | DAYS 3 | 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.: NIL
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. 0

FATHER
13. NAME: JOSEPH BULLO 7
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): SWITZERLAND 6

MOTHER
15. MAIDEN NAME: BRIDGET BECHERER
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): GERMANY

17. INFORMANT (ADDRESS): IZELLA BULLO, 310 SKINKER RD.
18. BURIAL, CREMATION, OR REMOVAL PLACE: CALVARY CEMETERY DATE: MAY 2, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Goodhart & Goodhart, 2228 N. Lou Ave
20. FILED MAY -1 1939 19 N. R. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-1-, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1930, to May 1, 1939
I last saw her alive on 4/30/39, 19.... Death is said to have occurred on the date stated above, at 5:35 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-Vascular-Renal disease.	?
Totally blind.	
Fracture old, neck of right femur.	
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Other contributory causes of importance: Uremia-	1 mo.
Uremic coma.	
Extreme senility, age 93	
Died in the Home of Incurables	
Entered Oct. 2, 1930.	

Name of operation: None Date of ....
What test confirmed diagnosis? Clinical History and Lab. 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) [signature], M. D.
(Address) 3718 Jennings Road.

(Licensed Embalmer's Statement on Reverse Side)

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 importan

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 Charles J. Goodhart, Registered Apprentice No. ..... working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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

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