DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

791 State File No. 37748

DEC 13 1939

Registration District No. _____ Primary Registration District No. _____ 1005 Registrar's No. 9587

1. PLACE OF DEATH:

(a) County St. Louis, Mo. 2

(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2937a Henerietta Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County _____

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 2937a Henrietta (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Wilma Hampton 513

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rufus 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased February (Month) 2 (Day) 1910 (Year)

8. AGE: Years 29 Months 9 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Charleston, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

FATHER
12. Name W. Lynch 1
13. Birthplace Unknown (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Ida Lomar
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature Rufus Hampton

(b) Address 2937a Henerietta Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/10/39 (Month) (Day) (Year)

(c) Place: burial or cremation Charleston, Mo.

18. (a) Signature of funeral director Albert H. Hoppe.

(b) Address 4700 Washington Ave.

19. (a) NOV 9 1939 (Date received local registrar) (b) J. F. Dudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1939 hour 10 05 minute 10 M.

21. I hereby certify that I attended the deceased from 10/2, 1939, to 11/8, 1939; that I last saw her alive on 11/8, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma Intestines	3 months
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1 (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature Jos. P. Berman (M. D. or other)

Address 1225 No. Grand Date signed 8/9/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39 I X19511

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 Albert G. Hoppe

Licensed Embalmer No. 2971

P. O. Address.....

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.