

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AGV. 3-17-35
REV. 1-1-33

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.

MAY 15 1940 791
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3010

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DEACONESS HOSPITAL 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2NK
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME CHARLOTTE KAMPHEMAN 515

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 WIDOWED

6. (b) Name of husband or wife F. W. KAMPHEMAN 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: FEBRUARY 8 1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>1</u>	<u>21</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS - Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK 6

11. Industry or business _____

MOTHER FATHER { 12. Name FREDERIC WILHELM MYSING b

18. Birthplace _____ GERMANY
(City, town, or county) (State or foreign country)

14. Maiden name ANNA M. KEHLENBRINK

15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Frank Mysing

(b) Address 4327 Warne Ave

17. (a) BURIAL (b) Date thereof APRIL 1 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEMETERY

18. (a) Signature of funeral director W. M. Schumacher

(b) Address 4834 National Bridge

19. (a) APR 1 1940 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town ST. LOUIS 9
(If outside city or town limits, write "RURAL")
 (d) Street No. 4327 WARNE AVE
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29
 year 1940 hour 8 minute 50 P. M.

21. I hereby certify that I attended the deceased from March 14, 1940, to March 29, 1940
 that I last saw her alive on March 29, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic
 Duration Many Years

Due to: _____
 Due to: _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Alfred M. Jurgentach (M. D. or other) _____
 Address 5427 S. Southlight Ave Date signed March 29

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

5729 - Burialwest Ave.

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address Thomas, 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.