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-40  
39  
123159

Registration District No. **789**

Primary Registration District No. **200**

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

1. PLACE OF DEATH: **St. Louis**  
 (a) County **St. Louis**  
 (b) City or town **Lemay Mo.**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**812 Lemay Ferry Rd.**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 Months** (Specify whether  
 In this community **2** years, months or days)

3. (a) PRINT FULL NAME **Richard Pampel**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Alma Pampel** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **March 21 1862**  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78** **7** **22** hr. min.

9. Birthplace **Germany** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired fruit grower**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Unknown Pampel**  
 13. Birthplace **Germany** (City, town, or county) (State or foreign country)  
 14. Maiden name **Unknown**  
 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Calara Chomina**  
 (b) Address **812 Lemay Ferry Rd.**

17. (a) **Cremation** (b) Date thereof **11-16-40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mo. Crem. Nov. 16/40**

18. (a) Signature of funeral director **Fendler Und. Co.**

(b) Address **7420 Michigan Ave.**

19. (a) **NOV 13 1940** (b) **R. Pampel**  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Mo.** (b) County **St. Louis**  
 (c) City or town **Lemay**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **812 Lemay Ferry Rd.**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **13**  
 year **1940** hour **10** minute **10** A.M.

21. I hereby certify that I attended the deceased from **July 28** 19**40** to **Nov 13** 19**40**  
 that I last saw him alive on **Nov 12** 19**40**  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
**Chronic myocarditis** **1 1/2**  
 Due to **Chronic secondary aneurysm** **3 yrs**  
 Due to **Boutard's Disease** **3 yrs**

Other conditions (Include pregnancy within 3 months of death)  
 Major findings: Of operations **932**  
 Of autopsy \_\_\_\_\_

Duration  
**1 1/2**  
**3 yrs**  
**3 yrs**

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury **5th. N. DE WOLF**  
 23. Signature **R. Pampel** (M. D. or other) **MD**  
 Address **2000 S. 9th** Date signed **11/13/40**

**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 *Oliver E. Penell*

Licensed Embalmer No. *4148*

P. O. Address *744 Jersey*

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

If this body is not embalmed, fact should be so stated above.