

Registration District No. **7911**

Primary Registration District No. **1003**

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

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:
8415 N. Broadway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether
In this community Birth
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 817
(d) Street No. 8415 N. Broadway
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/4/41 day _____
year 1941 hour 11 minute 10 P.M.
21. I hereby certify that I attended the deceased from 3/3/41 to 3/4/41, 19____; that I last saw her alive on 3/4/41, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death
acute gastritis, caused by improper diet.
Duration 24 hrs.
Due to _____
Due to _____
Other conditions 118
(Include pregnancy within 3 months of death)

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

3. (a) PRINT FULL NAME Anna F. Kamp

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife William F. Kamp 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased March 26, 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Christopher Mueller

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

14. Maiden name Margaret Hachmeister

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

16. (a) Informant Louis R. Kamp

(b) Address 8415 N. Broadway

17. (a) Burial (b) Date thereof 3/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Black Jack, Mo.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) MAR 7 1941 (b) J. B. Bredebeck
(Date received local registrar) (Registrar's signature)

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 0

23. Signature W. Chopin (M. D. or other)
Address 8321 Eu Bldg Date signed 3/5/41

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. Buchholz

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, fact should be so stated above.