



JUN 12 1941

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

17743
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 294
(b) Township _____ Primary Registration District No. 4179 Registered No. _____
(c) City St. Clair, Mo. (d) Street No. 1 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

WILLIAM FREDERICK KAMPER

(a) Residence, No. St. Clair, Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1850
7. AGE YEARS 91 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.

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. Retired
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) Germany
13. NAME Don't know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Don't know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ida Brehmer
7342 Vermont - St. Louis, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Kemper Cemetery DATE June 8, 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phos. P. Shoffner
Sullivan
20. FILED June 9, 1941 N. H. Duckworth
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th, 1941

22. I HEREBY CERTIFY, That I attended deceased from _____ 1930 to June 6th, 1941
I last saw him alive on June 4, 1941. Death is said to have occurred on the date stated above, at 5:00pm.
The principal cause of death and related causes of importance were as follows:

General Arteriosclerosis Date of onset ?
Chr. Myocarditis Chr. Nephritis 1918

Other contributory causes of importance: Senility and mania 1940

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) C. F. Briegleb, M. D.
(Address) St. Clair, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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

Phos. P. Shaffer

Licensed Embalmer No.

2692

P. O. Address

Sullivan 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.