

Registration District No. 791 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:
4510a Red Bud 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)

3. (a) PRINT FULL NAME William H. Hampe
3. (b) If veteran, name war No..... 3. (c) Social Security No. None.

4. Sex Male 5. Color or race White. 6. (a) Single, married, divorced Married
6. (b) Name of husband or wife Mamie Hampe 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased August 4 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 10 21 hr. min.

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

10. Usual occupation Clerk
11. Industry or business Wabash R.R.

MOTHER FATHER
12. Name Fred W. Hampe.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Charlotte Stratman.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant Mamie Hampe.
(b) Address 4510a Red Bud Ave.

17. (a) Burial (b) Date thereof 6-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director Hy. Leidner Und.
(b) Address 2223 St. Louis Ave.

19. (a) JUN 27 1941 (b) J. Prudeak
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 100
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 179
(d) Street No. 4510a Red Bud Ave. (If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25
year 1941 hour 5:00 A.M. minute.....
21. I hereby certify that I attended the deceased from Jan 10th
1941 to June 25 1941
that I last saw him alive on June 23 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cor on org Embolus
Due to Cranary thrombosis. 2 years.
Arteriosclerosis.

Other conditions Diabetes mellitus. 2 years.
(Include pregnancy within 3 months of death)

Major findings:
Of operations U
Of autopsy not made

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?

23. Signature Frank J. Vitels (M. D. or other) U
Address 3500 N. Grand. Date signed 6-26-41

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.....

John P. Buchholz

Licensed Embalmer No.....

1694

P. O. Address.....

7223 St Louis

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.