

No. 2
4-13-40
5-17-39
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FILED AUG 28 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5620

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town Saint Louis, Missouri.

(c) Name of hospital or institution: 3323-A Chippewa Street.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....

(c) City or town ST Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3323A Chippewa
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME August Kampmeyer.

3. (b) If veteran, name war.....

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Lucille Kampmeyer

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 17th, 1872
(Month) (Day) (Year)

8. AGE: Years 69 Months 2 Days 20 If less than one day
hr. min.

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

10. Usual occupation Lithographer.

11. Industry or business retired 10 years

12. Name (unt) Kampmeyer

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

14. Maiden name Unknown

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

16. (a) Informant Lucille V. Kampmeyer

(b) Address 3323-A Chippewa Street.

17. (a) Cremation (b) Date thereof July 9th, 41.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Ziegenhain Bros.

(b) Address 2623 Cherokee Street.

19. (a) JUL 8 1941 (b) J. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th
year 1941 hour 5 minute 30 M.

21. I hereby certify that I attended the deceased from May 15
1940 to July 7 1941
that I last saw him alive on July 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis
Liver & Gen. Colon.

Due to Carcinoma Colon.

Due to

Other conditions (Include pregnancy within 5 months of death)

Major findings: Of operations NO

Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence NO

(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 J. O. Peeler (M. D. or other) 0
Address 12505 1/2 N. Lewis Date signed 7/12/41

006
17
9

Duration
2mo
1 1/2 yr

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

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.....

W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cheroke

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.

FILED AUG 28 1941

Registration District No. 711Primary Registration District No. 1003

1. PLACE OF DEATH:

- (a) County Copiah
 (b) City or town Saint Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3323-A Chippewa Street.
 (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 days3. (a) PRINT FULL NAME August Kampmeyer.3. (b) If veteran,
name war _____3. (c) Social Security
No. None4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife
Lucille V. Kampmeyer.6. (c) Age of husband or wife if
alive 69 years7. Birth date of deceased April
(Month)17th, 1872.
(Day) (Year)

8. AGE:

Years

69

Months

2

Days

20

If less than one day

hr. _____ min.

9. Birthplace Saint Louis,
(City, town, or county)Missouri.
(State or foreign country)10. Usual occupation Lithographer

11. Industry or business _____

12. Name ? Kampmeyer13. Birthplace Unknown
(City, town, or county)Germany
(State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county)Germany
(State or foreign country)16. (a) Informant's own signature Lucille Kampmeyer(b) Address 3323-A Chippewa Street.17. (a) Cremation (b) Date thereof July 9, 1941.
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director Ziegenhein Bros(b) Address 2823 Cherokee Street.19. (a) 7-8-1941 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri. (b) County _____
 (c) City or town Saint Louis, 16
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3323-A Chippewa Street.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th,
year 1941. hour 5. minute 30 P. M.21. I hereby certify that I attended the deceased from
July 13, 1941, to July 5, 1941,
that I last saw him alive on July 5th, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of
General Liver

Duration

2 mo.

Due to

Carcinoma16 mo.

Due to

Colon.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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 J. O. Becker (M. D. or other) _____
Address 2505 N. Parkison Date signed 7/6/41

2505 7/15/84

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 V E Morris
Licensed Embalmer No. 3360
P. O. Address 2623 Cherokee

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.