

FILLED SEP 17 1941

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6648

1. PLACE OF DEATH:
 (a) County St. Anthony's Hospital
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 days
 (Specify whether
 In this community 0
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town 2624 Indiana Avenue
 (If outside city or town limits, write "RURAL")
St. Louis,
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Charles G. Hampel
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 12
 year 1941 hour 1:45 minute _____ P. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Catherine
 (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased: October 28 1893
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 7
 1941, to Aug 12 1941;
 that I last saw him alive on Aug 12 1941;
 and that death occurred on the date and hour stated above.

8. AGE: Years 49 Months 9 Days 15
 If less than one day
 hr. _____ min. _____

Immediate cause of death Pneumonia - Upper lobe
Influenza?
 Duration 5 days

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

Due to _____
 Due to _____

10. Usual occupation Prison Guard

Other conditions none
 (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings: 108
 Of operations _____
 Of autopsy _____

MOTHER FATHER { 12. Name Herman Hampel

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

14. Maiden name Catherine Hanack

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

16. (a) Informant Catherine Hampel

(b) Address 2624 Indiana Avenue

17. (a) Burial (b) Date thereof 8/16/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director John W. Gebken Sons

(b) Address 2630 Gravois Avenue

19. (a) AUG 14 1941 (b) J. H. [Signature]
 (Date received local registrar) (Registrar's signature)

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 _____

23. Signature [Signature] (M. D. or other) D
 Address 5417 No Grand Blvd Date signed 8/14/41

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

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 Robt. G. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.