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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19072

State File No.

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 1178

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

6
2
3

1. PLACE OF DEATH:

(a) County St. Louis → Clayton

(b) City or town St. Louis County Hosp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: D
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 2 9

(c) City or town St. Charles 3
(If outside city or town limits, write "RURAL")

(d) Street No. 107 N. Main St.
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Fred Luther Sampson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male D

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 4 (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	0	24	hr. min.

9. Birthplace Montgomery City (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Caretaker

11. Industry or business Westlake Amusement Pk.

FATHER
12. Name James Sampson
13. Birthplace Unk (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Lucy Cobb
15. Birthplace Montgomery City (City, town, or county) Missouri (State or foreign country) 10

16. (a) Informant Otto Nienhueser
(b) Address 427 N. 2nd, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeyer
(b) Address St. Charles, Mo.

19. (a) MAY 29 1942 (Date received local registrar) (b) E. G. McGarvin M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 11:23 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Struck by an automobile while a pedestrian on a public highway.

Due to Comminuted fracture of the left tibia and fibula and right

Due to ileum and both pubic rami; Hemoperitoneum.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

170 8 21

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

(a) Accident, suicide, or homicide (specify) Accident 130

(b) Date of occurrence May 28, 1942

(c) Where did injury occur? St. Chas. & Nat Bridge (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bopp Coron (M. D. or other)

Address Kirkwood, Mo. 5/29/42 Date signed

101

(Licensed Embalmer's Statement on Reverse Side)

JUN 15 1945

JUN 27 1945

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 Louis H Bopp, Registered Apprentice No. ..... working under my personal supervision.

Signed Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood 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.