

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 784

Primary Registration District No. 109

Registrar's No. 779

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Maplewood Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days)

In this community 78 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town City of St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5410 Dresden
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Hampe

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife William Hampe

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

7. Birth date of deceased: July 8 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>23</u>	_____ hr. _____ min.

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

10. Usual occupation None

11. Industry or business At home

MOTHER FATHER { 12. Name Franz Jedlicka

13. Birthplace Europe 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Werskoff

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Otto M. Hampe

(b) Address 4742 South Grand Blvd.

17. (a) burial (b) Date thereof 4-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand Blvd.

19. (a) APR 3 1943 (b) E. J. McGowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1943 hour 11 minute P M.

21. I hereby certify that I attended the deceased from Jan 22 1943 to Mar 30 1943
that I last saw her alive on Mar 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Solar Pneumonia Duration 1 wk.

Due to Paralytic Stroke 1 1/2 yrs.

Due to Chronic Endocarditis

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

108

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)

(a) Means of injury _____

23. Signature Thea F. Riel (M. D. or other) _____

Address 7465 Hazel Date signed 4/1/43

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

76
5
3

204
8/83

707

APR 8 1943

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..... *Virgil L. Berryman*
.....
Licensed Embalmer No. *4018*
P. O. Address..... *St. Louis, 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.