

FILED DEC 13 1943 8

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 10611

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:  
4017 Hydraulic  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community 2 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 4017 Hydraulic  
(If rural, give location)

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

3. (a) PRINT FULL NAME Henry P. Hampel

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

3. (c) Social Security No. 497-10-5688

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2nd  
year 1943 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from  
Nov. 1st, 1943 to Dec. 2nd, 1943  
that I last saw him alive on Dec. 1st, 1943  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Caecilia

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. 14, 1885  
(Month) (Day) (Year)

Immediate cause of death  
Right lobar pneumonia 1 week

8. AGE: Years Months Days If less than one day

58 10 18 hr. min.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Chronic subdural  
Brain nephritis  
(Include pregnancy within 3 months of death)

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

10. Usual occupation Assemblyman

11. Industry or business Int. Oil Burner Co.

12. Name Henry Hampel

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

14. Maiden name Margaret Hannebrink

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

16. (a) Informant Caecilia Hampel

(b) Address 4017 Hydraulic

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-4-43  
(Month) (Day) (Year)

(c) Place: burial or cremation MATTESE, Mo.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue

19. (a) DEC 3 1943 (Date received local registrar) J. F. Rudick (Registrar's signature)

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 Donald Paul M.D. (M. D. or other) \_\_\_\_\_  
Address 3527 Croze Avenue Date signed 12-2-43

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**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 *Clay E. Fendler*.....

Licensed Embalmer No. *4448*.....

P. O. Address *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.**