

No. 2  
9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38175

FILED DEC 8 1943

Registration District No. 173

Primary Registration District No. 5430

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County FRANKLIN

(b) City or town ST. CLAIR, Mo. (Rural)  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Clair, Mo.  
(If not in hospital or institution, write street number or location)

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

In this community 25 yrs -  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN

(c) City or town ST. CLAIR, (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. St. Clair, Mo.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Kamper

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

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife Louis Kamper

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

7. Birth date of deceased: June 23, 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>4</u>	<u>17</u>	hr. _____ min.

9. Birthplace St. Louis, Mo. — 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper - on farm

11. Industry or business \_\_\_\_\_

12. Name Jacob Dorsch

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

14. Maiden name Unknown

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

MOTHER FATHER

16. (a) Informant: Wm. Kamper

(b) Address 5635 Chippewa St. St. Louis, Mo.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 11 13 43  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem. St. Louis, Mo.

18. (a) Signature of funeral director J. H. Aldrich and Co.

(b) Address 3634 Gravois St. St. Louis, Mo.

19. (a) 10/10/1943 (b) P. J. King, Jr.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10th  
year 1943 hour 5 minute 45P. M.

21. I hereby certify that I attended the deceased from Feb. 7th, 1929, to Nov. 10th, 1943  
that I last saw her alive on April 30, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Endo-Myocarditis  
(Endo-Myocarditis)  
Duration Several years

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

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

Other conditions sanility  
(Include pregnancy within 3 months of death)

Major findings: 928  
Of operations \_\_\_\_\_

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

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? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature C. F. Briedob, M.D. (M. D. or other) \_\_\_\_\_

Address St. Clair, Mo. Date signed Nov 11/43

1120

**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

*Frank J. [Signature]*  
Licensed Embalmer No. *2645*  
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.