

FILED MAY 13 1944

State File No.

Registration District No. 162

Primary Registration District No. 5595

Registrar's No. 11

1. PLACE OF DEATH:
 (a) County. JEFFERSON
 (b) City or town. RURAL - ROCK TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
 (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 _____
(Specify whether
 In this community 50 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County JEFFERSON
 (c) City or town. RURAL 50
(If outside city or town limits, write "RURAL")
 (d) Street No. NEAR KIMMSWICK, MO.
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DORA HAMPEL
 3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month APRIL day 27
 year 1944 hour 2 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Jan 1942 to 4/27 1944
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex F. / 5. Color or race W.
 6. (a) Single, widowed, married, divorced. MARRIED
 6. (b) Name of husband or wife GEORGE HAMPEL 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased JAN. 17, 1871
(Month) (Day) (Year)

Immediate cause of death Ar. Myocarditic
 Due to _____ 93d
 Due to _____ Senility
 Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

9. Birthplace HILLSBORO Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business Home

MOTHER FATHER {
 12. Name UNKNOWN
 13. Birthplace UNKNOWN 0
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace UNKNOWN 0
(City, town, or county) (State or foreign country)

16. (a) Informant MR. GEORGE HAMPEL
 (b) Address 3653 WILMINGTON ST. LOUIS, MO.

17. (a) BURIAL (b) Date thereof APR 30-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation ST JOHN'S CEM. BECK MO.

18. (a) Signature of funeral director HEILIGTAG FUNERAL HOME
 (b) Address KIMMSWICK MO.

19. (a) 4/29/44 (b) Dr. Clement
(Date received local registrar) (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 Dr. Reich Mo (M. D. or other)
 Address Sumner Mo Date signed 4/29/44

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

0
0
0

1266

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-12-44

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

Elmer A. Hultig

Licensed Embalmer No.

3571

P. O. Address.

Kimmewich, 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.