

S. No. 2
M-5-43
v. 5-17-39
I X36671

FILED JAN 25 1946

State File No.

Registration District No. 318

Primary Registration District No. 100

Registrar's No. 514

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(d) Length of stay: In hospital or institution..... Memorial
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(d) Street No..... 1291 Hodiamont Ave.
(e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME STERLING HAMPTON

3. (b) If veteran, name war Nil
3. (c) Social Security No. Unknown

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced, or married

6. (b) Name of husband or wife Amanda Hampton
6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased February 8 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 11 7 hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name William Hampton

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

14. Maiden name Jennie Unknown

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

16. (a) Informant Geraldine Pope

(b) Address 1111a S. Taylor Ave.

17. (a) Removal (b) Date thereof 1-15-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbus, Ohio

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 1-16-1945 (b) J. F. Prudeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th
year 1946 hour 3:45 minute A M.

21. I hereby certify that I attended the deceased from 1/6/46
19 to 1/15/46 19
that I last saw him alive on 1/15/46 19
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular Disease
Duration

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Herbert C. Gritz
Address 1515 LAFAYETTE 1/16/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2568

MOTHER, FATHER

514

514

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 *W. Wilkins*

Licensed Embalmer No. 3575

P. O. Address.....

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.