

S. No. 2
M-5-43
7-5-17-39
I X36671

FILED FEB 31 1946

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. John's Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Monroe
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME Christy G. Hampton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Minnie

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

7. Birth date of deceased June 3 1868
(Month) (Day) (Year)

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

77 7 29 _____ hr. _____ min.

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

10. Usual occupation Dentist

MOTHER FATHER

11. Industry or business _____

12. Name Samuel C. Hampton

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

14. Maiden name Lucy Gentry

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

16. (a) Informant Dr. Gordon V. Hampton

(b) Address 3733 Lindell Blvd.

17. (a) Burial (b) Date thereof 2-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 4700 Washington Blvd.

19. (a) FEB 4 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2
year 1946 hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1/29 1946 to Feb - 2 1946
that I last saw her alive on Feb 2 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial infarction due to
chronic artery thrombosis
Due to atherosclerosis coronary
arteries.

Due to _____

Other conditions none
(include pregnancy within 3 months of death)

Major findings: none

Of operations none

Of autopsy none

Duration 5 days

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) no

(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 John J. Hammond (M. D. or other) J. M. D.
Address 1634 N. Grand Date signed 2/4/46

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

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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 *Elmo R. Sadwell*
Licensed Embalmer No. *4077*
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.