

FILED JUL 25 1947

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7121 Glenmore Avenue.
(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 St. Louis 96

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

(d) Street No. 7121 Glenmore Avenue.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Edward G. Hampp.

3. (b) If veteran, name war None

3. (c) Social Security No. 497-05-3179

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mattie Hampp.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased March 21, 1887.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	21	hr. min.

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

10. Usual occupation Plasterer (retired)

11. Industry or business _____

12. Name Gottlob Hampp.

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

14. Maiden name Margaret Ropp.

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

16. (a) Informant Mrs. Mattie Hampp.

(b) Address 7121 Glenmore Avenue.

17. (a) Burial (b) Date thereof 7-16-1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery.

18. (a) Signature of funeral director Geo. J. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) 7-17-47 (b) Central Hampp
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12th.
year 1947 hour 1 minute 30 P.M.M.

21. I hereby certify that I attended the deceased from 7-3, 1947, to 7-12, 1947
that I last saw him alive on 7-12, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death. Cerebral Hemorrhage
Hypertensive
Vascular disease

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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) (e) Means of injury _____

23. Signature W. E. Magee (M. D. or other) MD
Address 7301 Natural Bridge Date signed 7-14-47

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

7-24-47
CNC 508

96
0
0
0

MOTHER FATHER

Normandy Mo

Dr. William E. Moore.
7301 Natural Bridge Avenue.
Hours 3 to 5 P.M.
Telephone Mulberry 4064

JUL 25 1947

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 Clement McNear
Licensed Embalmer No. 3732
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.