

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Ballwin  
(c) Name of hospital or institution: Pine Crest Nursing Home  
(d) Length of stay: 6 1/2 Months  
In this community 6 1/2 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 96  
(c) City or town Ballwin  
(d) Street No. 2849 Belt Ave  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME LILLIAN KAMPMEINERT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 10 year 1947 hour 11 minute P M.  
21. I hereby certify that I attended the deceased from Dec 14 1946 to July 10 1947 ;  
that I last saw her alive on July 7 and that death occurred on the date and hour stated above.

4. Sex. Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: July 31 1881  
(Month) (Day) (Year)

Immediate cause of death hemiplegia, hypertensive, hypertensive heart disease  
Due to 930  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
65 11 10 hr. min.

Other conditions: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

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

10. Usual occupation Office Work -- Retired

11. Industry or business Scruggs Vandervort Barney

MOTHER FATHER { 12. Name Frederick W. Kampmeiner  
13. Birthplace Germany  
14. Maiden name Minnie Rahe  
15. Birthplace Germany

16. (a) Informant Mabel Letson  
(b) Address 2849 Belt Ave

17. (a) Burial (b) Date thereof July 14 1947  
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director Calvin F Feutz  
(b) Address 4828 Nat. Bridge Blvd

19. (a) 7-15-47 (b) Carla J. Sharp  
(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? \_\_\_\_\_  
(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 G. J. Muehlen (M. D., coroner)  
Address 3507 Poloma Date signed 7-11-47

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

96  
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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..... *Ralph E. Linder* .....

Licensed Embalmer No. *4275* .....

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.**