S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

43092

State File No. 14

FILED DEC 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11370

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 5224 Wells Ave. /
(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 Mo. (b) County aoo

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5224 Wells Ave. 9
(If rural, give location)

6 0

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

If yes, name country

3. (a) PRINT FULL NAME Frederick D. Hampson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Lucy J. Hampson

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Aug. (Month) 24 (Day) 1871 (Year)

8. AGE: Years 76 Months 3 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) England 11 (State or foreign country)

10. Usual occupation Photographer /

11. Industry or business (Retired)

FATHER
12. Name John Hampson
13. Birthplace (City, town, or county) England 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) England 4 (State or foreign country)

16. (a) Informant Lucy Hampson
(b) Address 5224 Wells Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) DEC 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from 1937 to 12-11 1947
that I last saw him alive on 12-3 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death ~~Coronary or~~ Myocardial Infarction	13 days
Due to Coronary occlusion	13 days
Due to Arteriosclerosis	yrs
Other conditions Hypertensive Heart Disease (Include pregnancy within 3 months of death)	yrs

Major findings:
Of operations 93
Of autopsy

PHYSICIAN
Underline the cause of 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? 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature Karl Koenig (M. D. or other) AW
Address 3 Nowaskey Dr. Date signed 12/12/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Karl Koenig

1:30 to 4

3720 Washington

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.....Albert R. Thompson Jr.....

Licensed Embalmer No.....4237.....

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.