

FILED JAN 21 1948

Registration District No.

Primary Registration District No. **3066**Registrar's No. **139**

1. PLACE OF DEATH:

(a) County **St. Louis**
 (b) City or town **Kirkwood**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Ozark Nursing Home**
 (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)

3. (a) PRINT FULL NAME **Rosalia Kampelman**3. (b) If veteran, name war.....
3. (c) Social Security No.

4. Sex **F** / 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Louis Kampelman**
 6. (c) Age of husband or wife if alive.....years
 7. Birth date of deceased **July 25 1879**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	5	20	12 hr. 30 min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER

12. Name **?**
 13. Birthplace **?**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Oma Shava**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gus Berger**
 (b) Address **7326 Goff Ave., Richmond Heights, Mo.**
 17. (a) **burial** (b) Date thereof **1/17/48**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Park**
 18. (a) Signature of funeral director **Robert J. Ambruster**
 (b) Address **6633 Clayton Rd., St. Louis 17, Mo.**

19. (a) **1-17-48** (b) **Beilag**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
 (c) City or town **Richmond Heights**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **7326 Goff Avenue**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **15**
year **1948** hour **12:30** minute..... P.M.21. I hereby certify that I attended the deceased from **January 12 1948** to **January 15, 1948**
that I last saw her alive on **January 11, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
chronic myocarditis
 Due to **arteriosclerosis**
 Due to **93d**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 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) Mode 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?.....
 (Specify type or place)
 While at work?.....
 (Specify type of work)
 23. Signature of physician **Quentin M. Lane** (M. D. or other)
 Address **508 N. Kirkwood Rd.,** Date signed **1/17/48**

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.