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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6438  
State File No. 1335  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

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:  
Enroute to City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_ (Specify whether  
In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2011a Missouri Avenue  
23 (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS P. HAMPEL  
(b) If veteran, name war Nil (c) Social Security No. 492-05-0245

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February day 4th  
year 1948 hour 10 minute 45 M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced M  
6. (b) Name of husband or wife Geneva 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased February 11, 1909  
(Month) (Day) (Year)

Immediate cause of death Coronary Atherosclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
38 11 23 hr. min.

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

10. Usual occupation Watchman

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Peter Hampel  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Katherine Rustige  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Geneva Hampel  
(b) Address 2011a Missouri Avenue

17. (a) burial (b) Date thereof 2-7-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director A.W. McLaughlin  
(b) Address 2301 Lafayette Avenue

19. (a) 5/13/48 (b) J.T. Breese  
(Date received local registrar) (Registrar's signature)

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)  
(a) Means of injury \_\_\_\_\_  
23. Signature Arthur E. Taylor (M.D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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

APR 29 1955

**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..... *C. H. Cooper*.....

Licensed Embalmer No. *3830*.....

P. O. Address *2301 Lafayette Ave*.....

**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.**