

No. 3906
M-10-47
5-17-39
I 3906

#2125
FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 4 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6854
1767
Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(d) Length of stay: In hospital or institution 2 Weeks
In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County ood
(c) City or town St. Louis
(d) Street No. 17a South Vandeventer Ave. 9
(e) Citizen of foreign country? Memorial 18 (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME CURT PAMPEL
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18th
year 1948 hour 6 minute 45 P. M.
21. I hereby certify that I attended the deceased from 2/4/48
19 to Feb. 18th 19 48
that I last saw him alive on Feb. 18th 19 48
and that death occurred on the date and hour stated above.

4. Sex M. O 5. Color or race W.
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 Unknown 1878
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis Severe, Generalized
Due to
Other conditions ulcer of foot
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
alt. 70 Unknown hr. min.
9. Birthplace Germany 7
(City, town, or county) (State or foreign country)

Major findings:
Of operations none
Of autopsy same
PHYSICIAN
Underline the cause to which death should be charged statistically.

10. Usual occupation Blacksmith
11. Industry or business
12. Name Unknown Pampel 4
13. Birthplace Germany 1
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Kurt A. Walther
(b) Address 4600 Tennessee Ave.

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?

17. (a) Cremation (b) Date thereof 2-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Linnell Blvd
19. (a) FEB 20 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature Arthur P. Walton
Address 1515 Lafayette 2/19/48
Date signed

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

MOTHER FATHER

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 W Vanmatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.