

FILED MAY 26 1948

State File No. ....

Registration District No. ....

318

Primary Registration District No. ....

1002

Registrar's No. ....

4592

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5225 Ulena St.  
(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 Hugo Hampe

3. (b) If veteran, name war..... 3. (c) Social Security No. ....

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased January 30, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 16 hr. min.

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

10. Usual occupation Retired - Bookbinder

11. Industry or business.....

12. Name ? Hampe

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore Hampe  
(b) Address 3938 Schiller Pl.

17. (a) Burial (b) Date thereof 5/19/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
Resurrection Cemetery

(c) Place: burial or cremation John H. Gebken Sons Und. Co.

18. (a) Signature of funeral director J. F. Broadak  
(b) Address 2630 Gravois Ave.

19. (a) MAY 17 1948 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 3944 Schiller Pl. (If rural, give location)  
15  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 16, day.....  
1948 year hour 9, minute P M.

21. I hereby certify that I attended the deceased from 3/11, 1945, to 5-16- 1948  
that I last saw him alive on 5-16- 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
Due to Chronic Myocarditis

Duration  
2 months  
3 years

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

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) (e) Means of injury.....

23. Signature J. F. Broadak (M. D. or other)  
Address 3938 Schiller Pl. Date signed 5/17/48

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

2  
45  
39  
47070

**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.....

*Robert F. Gelken*

Licensed Embalmer No.....

4144

P. O. Address.....

2630 Gravois 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.**