

FILED APR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10120
2770

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St Louis c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION: 4073 Alma 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis d. STREET ADDRESS (If rural, give location) 4073 Alma	
3. NAME OF DECEASED a. (First) Mary b. (Middle) L c. (Last) Hampe		4. DATE OF DEATH (Month) (Day) (Year) March 24, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 8, 1863
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (State or foreign country) St Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY _____	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Henry Flachmeier		13b. MOTHER'S MAIDEN NAME Fetz	14. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Otto Hampe
		ADDRESS 4073 Alma	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic Adenoma (Thyroid Gland)		INTERVAL BETWEEN ONSET AND DEATH 10 yrs	
ANCECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Goitre	
		DUE TO (c) Arteriosclerosis	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May 14, 1949</u>, to <u>March 24, 1949</u>, that I last saw the deceased alive on <u>March 24, 1949</u>, and that death occurred at <u>6:05 P. m.</u>, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Michael L. Bartnick M.D.		23b. ADDRESS 7629 So. Broadway	23c. DATE SIGNED 3/26/49
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3/28/49	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St Louis, Mo.
DATE REC'D BY LOCAL MAR 28 1949	REGISTRAR'S SIGNATURE J. B. Sasser	25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
		ADDRESS 7027 Gravois	

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed Frank J. Dwan

Signed
Student Embalmer

Licensed Embalmer No. 2245

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.