

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29832

FILED SEP 26 1949

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>Franklin.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington "Rural" St. John's.</u>	
c. LENGTH OF STAY (In this place) <u>1 day.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Irma</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Kampschroeder</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8th, 1949.</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Feb. 5th, 1920.</u>		9. AGE (In years last birthday) <u>29</u>		10. UNDER 1 YEAR Days <u>7</u> Hours <u>3</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework.</u>		11. BIRTHPLACE (State or foreign country) <u>Kirkwood, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Edward Hoch, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Weiss.</u>		14. NAME OF HUSBAND <u>Norvin Kampschroeder.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Norvin Kampschroeder</u> ADDRESS <u>Washington, Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage while in labor.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>331X</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. 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 checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Sept 8, 1949, to Sept 8, 1949, that I last saw the deceased alive on Sept 8, 1949 and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Washington Mo</u>		23c. DATE SIGNED <u>9/9/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Evang. Cem.</u>	
				24d. LOCATION (City, town, or county) (State) <u>Washington, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Sept. 10/1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>99. Nieburg & Witt, Inc.</u> ADDRESS <u>Washington, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
SEP 19 1949
District Health Officer No. 9,
District File Number

SEP 21 1949

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.

Student
Student Embalmer

Signed: *Jerome F. Svoboda*

Licensed Embalmer No. *4507*

P. O. Address *Washington*

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.