

FILED AUG 29 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 28253

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>7133</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>White</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis Mo.</b>		c. LENGTH OF STAY (In this place) <b>3 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Enfield</b>		d. STREET ADDRESS (If rural, give location) <b>RR # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Children's Hosp.</b>							
3. NAME OF DECEASED a. (First) <b>Worona</b>			b. (Middle) <b>Jean</b>		c. (Last) <b>Hampton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 21, 1950</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Jan 21, 1950</b>		9. AGE (In years last birthday)	IF UNDER 1 YEAR Month Days
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Enfield, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>Amer</b>		
13a. FATHER'S NAME <b>Stanley C. Hampton</b>			13b. MOTHER'S MAIDEN NAME <b>Helen Wilson</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Helen Hampton, Enfield, Ill.</b>			ADDRESS
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pancreatic Cystic Fibrosis</b>  DUE TO (c) <b>Alkalosis Anemia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 wks.</b> <b>since birth</b>  <b>3 wks(?)</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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? <b>589.2</b>			
22. I hereby certify that I attended the deceased from <b>8-18</b> , 19 <b>50</b> , to <b>8-21</b> , 19 <b>50</b> that I last saw the deceased alive on <b>8-21</b> , 19 <b>50</b> , and that death occurred at <b>11:48 am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Don L. Shindler, Mo.</b>				23b. ADDRESS <b>Children's Hosp.</b>		23c. DATE SIGNED <b>8/21/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-21-50</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>McLeansboro, Ill.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 22 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Foster</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, 4700 Washington Blvd.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*William S. Saper*

Licensed Embalmer No. 4697

P. O. Address *St Charles, 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.