

FILED MAR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6168**

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

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>100<sup>74</sup></b>		Registrar's No. <b>1121</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St. Louis</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Overland</b>		420X			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>8538 St Charles Rock Road</b>					
3. NAME OF DECEASED (Type or Print) <b>Bessie Hampson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 2, 51</b>						
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>3-31-1892</b>		9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months _____	IF UNDER 6 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Redwin, Mich</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Joseph Donko</b>			13b. MOTHER'S MAIDEN NAME <b>Joseph Bobinette</b>		13c. NAME OF HUSBAND OR WIFE <b>Robert</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Robert Hampson</b>		ADDRESS <b>8538 St Charles Rd</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				<b>MEDICAL CERTIFICATION</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 hours</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebralvascular accident</b>				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease</b>					
				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pulmonary edema</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>H-H3X</b>					
22. I hereby certify that I attended the deceased from <b>Feb 2, 1951</b> , to <b>Feb. 2, 1951</b> , that I last saw the deceased alive on <b>Feb. 2, 1951</b> , and that death occurred at <b>12:45 pm</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>JR Bralley M.D.</b>				23b. ADDRESS <b>Barnes Hospital</b>		23c. DATE SIGNED <b>2/3/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>2-5-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Outman</b>		24d. LOCATION (City, town, or county) (State) <b>9222 Rockland Overland Mo</b>				
DATE REC'D BY LOCAL REG. <b>FEB 6 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ortmann Funeral Home Overland Mo</b>					

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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 J. Allen Davis Jr

Signed.....  
Student Embalmer

Licensed Embalmer No. 4653

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.