

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 15 1951 STANDARD CERTIFICATE OF DEATH

13674

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 304 PRIMARY REG. DIST. NO. 6046 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Melle</u>	
c. LENGTH OF STAY (In this place) <u>49 years</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Hulda</u>	b. (Middle) <u>Elizabeth</u>	c. (Last) <u>Kamphoefner</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>April 30 1951</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>May 15 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Days <u>11</u>	IF UNDER 24 HRS. Hours <u>15</u>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert L. Falke</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Fricke</u>	14. NAME OF HUSBAND OR WIFE <u>Herman Kamphoefner</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>Eleanor Thies</u>	ADDRESS <u>New Melle, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary - 4 days</u>		<u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Congestive Heart Failure</u>		<u>3 years</u>
	DUE TO (c) <u>Chronic Bronchiectasis</u>		<u>10 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>5021</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 Aug 28, 1947, to April 30, 1951, that I last saw the deceased alive on Apr 13, 1951, and that death occurred at 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. E. Bergesen D.O.</u>	23b. ADDRESS <u>NEWENTZVILLE, Mo.</u>	23c. DATE SIGNED <u>5-2-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul Lutheran</u>	24d. LOCATION (City, town, or county) (State) <u>New Melle Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 3 1951</u>	REGISTRAR'S SIGNATURE <u>Martin P. Puff 408</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Marie Maryham Westergaard</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
1920
15001
10001

DISTRICT HEALTH OFFICE No. 4

MAY 7 1951

RECEIVED

MAY 15 1951

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 *Marion Muehler*

Licensed Embalmer No. *2469*

P. O. Address *Wentzville, 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.