

STANDARD CERTIFICATE OF DEATH

40545

FILED NOV 24 1953

State File No. ....

10497

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis, Missouri</b> |  | c. LENGTH OF STAY (in this place)<br><b>Life</b>                                      | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>St. Louis City Hospital</b>                          |  | e. STREET ADDRESS (If rural, give location)<br><b>23 2744 Lafayette Avenue, 4,</b>    |  |

|                                     |                              |                          |                             |  |
|-------------------------------------|------------------------------|--------------------------|-----------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First)<br><b>WILLIAM</b> | b. (Middle)<br><b>E.</b> | c. (Last)<br><b>HAMPTON</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>NOVEMBER 4, 1953</b> |
|-------------------------------------|------------------------------|--------------------------|-----------------------------|--|

|                       |                                  |  |  |  |
|-----------------------|----------------------------------|--|--|--|
| 5. SEX<br><b>Male</b> | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b> | 8. DATE OF BIRTH<br><b>Aug. 21st, 1882</b> | 9. AGE (In years last birthday) (If under 1 year: Months) (If under 12 hrs: Hours) (Min.)<br><b>71</b> |
|-----------------------|----------------------------------|--|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Hoisting Engr.</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Engineering</b> | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>De Soto, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b> |
|--|---|--|--|

|                                      |   |  |
|--------------------------------------|---|--|
| 13a. FATHER'S NAME<br><b>Unknown</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>Bertha E. Hampton nee Senf</b> |
|--------------------------------------|---|--|

|   |  |  |                        |
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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)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>None</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Bertha E. Hampton, 2744 Lafayette Avenue, 4,</b> | ADDRESS<br><b>Senf</b> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute pulmonary edema</b>   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>myocardial infarction</b><br>DUE TO (c) <b>arterosclerotic heart disease</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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?<br><b>4200</b> |
|---|--|---|

22. I hereby certify that I attended the deceased from **9-14-53**, 19\_\_\_, to **11-4-53**, 19\_\_\_, that I last saw the deceased alive on **11-4-53**, 19\_\_\_, and that death occurred at **4:05A** m., from the causes and on the date stated above.

|  |  |                                    |
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| 23a. SIGNATURE (Degree or title)<br><b>Melvin L. Fair, Jr., M.D.</b> | 23b. ADDRESS<br><b>1515 Lafayette Avenue</b> | 23c. DATE SIGNED<br><b>11-4-53</b> |
|--|--|------------------------------------|

|   |                             |   |  |
|---|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 24b. DATE<br><b>11/7/53</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lakewood Park Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b> |
|---|-----------------------------|---|--|

|   |   |  |   |
|---|---|--|---|
| DATE REC'D BY LOCAL REG.<br><b>NOV 5 1953</b> | REGISTRAR'S SIGNATURE<br><b>J. Earl Smith</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>GALVIN F. FEUTZ</b> | ADDRESS<br><b>4828 Natural Bridge Blvd. FUNERAL HOME, INC., St. Louis, 15, Missouri</b> |
|---|---|--|---|

(Licensed Embalmer's Statement on Reverse Side)

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

Melvin L. Fair, Jr.

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.....  
Signature of Student Embalmer

Signed..... *Ralph C. Henderson* .....

Licensed Embalmer No. *4275* .....

P. O. Address *St. Louis* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.