

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32677

State File No.

No. 300
10-48

FILED SEP. 28 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2142

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY St. Louis	b. CITY OR TOWN Gardenville	a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place) 3 days		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8149 Gravois		STREET ADDRESS (If rural, give location) 3744 Tennessee	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Anna	b. (Middle) Louise	c. (Last) Kampschmidt	Sept. 6, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Dec. 4, 1870	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Gerald, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Frederick Kampschmidt	13b. MOTHER'S MAIDEN NAME Marie Kaase	14. NAME OF HUSBAND OR WIFE None
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mathilda Kampschmidt	ADDRESS 3744 Tennessee
--	---	---	---

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chy Myocarditis		1 hr +
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Adelto Felner's Pembury		1 hr + 1 hr +
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"/>
-------------------------------	---	--

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) 4221 Tennessee
---	---	---

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?
---	--	-----------------------------------

22. I hereby certify that I attended the deceased from 8/25, 1954 to 9/3, 1954; that I last saw the deceased alive on 9/6, 1954, and that death occurred at 6:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE <i>Hubert H. Hoppe</i>	(Degree or title) 25	23b. ADDRESS 5203 Chiffaux	23c. DATE SIGNED 9/7/54
---	--------------------------------	---	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-8-54	24c. NAME OF CEMETERY OR CREMATORY St. Paul	24d. LOCATION (City, town, or county) (State) Gerald, Mo.
--	-----------------------------------	--	--

DATE REC'D BY LOCAL REG. 9/8/54	REGISTRAR'S SIGNATURE <i>Heber R. Pembury</i>	25. FUNERAL DIRECTOR'S SIGNATURE Hubert H. Hoppe	ADDRESS 4700 Washington Blvd.
--	---	---	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *G. W. Wilkinson*

Licensed Embalmer No... *35*

P. O. Address..... *Low*

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.