

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35022**

BIRTH NO. _____ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **6047** Registrar's No. **28**

0920

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

1. PLACE OF DEATH a. COUNTY St Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Charles	
b. CITY (If outside corporate limits, write RURAL and give township) Wentzville Mo RR	c. LENGTH OF STAY (In this place) 2 weeks	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Wentzville Mo RR 20	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 1/2 mi. south of Faint Hill	

3. NAME OF DECEASED (Type or Print)	a. (First) Mathilda	b. (Middle)	c. (Last) Kampmann	4. DATE OF DEATH (Month) (Day) (Year) Oct 16 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Apr 21-1874	9. AGE (In years last birthday) 80	10. UNDER 1 YEAR Months 5 Days 25	11. UNDER 1 Wks. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or as if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Home Duties	11. BIRTHPLACE (City and State or Foreign Country) Wesphalen Germany	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Joseph Bernhart??	13b. MOTHER'S MAIDEN NAME Josephine Walters	14. NAME OF HUSBAND OR WIFE Frank Kampmann
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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) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Frank Kampmann Jr Wentzville
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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, 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) Cerebral Apoplexy		10 Days
	ANTECEDENT CAUSES DUE TO (b) Hypertension <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) Arteriosclerosis		7 yrs.
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			10 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 334 X
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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
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22. I hereby certify that I attended the deceased from **3/28**, 1950, to **Oct. 16**, 1954, that I last saw the deceased alive on **10/10**, 1954, and that death occurred at **4 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Bergesen D.O.	23b. ADDRESS Wentzville, Missouri	23c. DATE SIGNED 10-18-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 18-1954	24c. NAME OF CEMETERY OR CREMATORY St Theodor's	24d. LOCATION (City, town, or county) (State) Faint Hill 1770
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DATE REC'D BY LOCAL REG. Oct 22 1954	REGISTRAR'S SIGNATURE Martin F. Sullivan	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS T. E. Pittman Funeral Home Wentzville 1770
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(Licensee Embalmer's Statement on Reverse Side)

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 _____

Saulton J. Pitman

Student Embalmer No. 497

working under my personal supervision.

Student *Saulton J. Pitman*
Student Embalmer

Signed *Amitta M. Pitman*

Licensed Embalmer No. 3055

P. O. Address *Westville, N.C.*

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.