

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39202**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **545** Registrar's No. **2733**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Maplewood		c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY OR TOWN Maplewood 454 4 d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7344 Marietta		e. STREET ADDRESS (If rural, give location) 7344 Marietta	

3. NAME OF DECEASED (Type or Print) Anna		a. (First)	b. (Middle)	c. (Last) Kampelmann	4. DATE OF DEATH Nov. 21st. 1955 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar. 7th 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 7 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Austria	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Anthony Curtis		13b. MOTHER'S MAIDEN NAME Beatrice Jordan		14. NAME OF HUSBAND OR WIFE (late) Frederick Kampelmann	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 500-34-7854		17. INFORMANT'S SIGNATURE OR NAME Joseph Stockle, Webster Groves ADDRESS 1939 Pembroke Dr.	

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 78 hrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		ANTECEDENT CAUSES			Che
DUE TO (b) Arterio Sclerosis		DUE TO (c) Chr Cordes, Vascular Renal Disease			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility					Ch
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				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)	
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?	

22. I hereby certify that I attended the deceased from **July 15, 1950**, to **Nov 21, 1955**, that I last saw the deceased alive on **Nov 21st, 1955**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Harold J. ... (Degree or title?)		23b. ADDRESS 2816 Suit on Ave St Louis 17		23c. DATE SIGNED 11/21/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-28-55		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. 11-22-55		REGISTRAR'S SIGNATURE Robert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE W. B. SMITH, Maplewood, Mo. ADDRESS	
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WRITE PLAINLY—USING UNFADING 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 *J. H. Burgess*.....

Licensed Embalmer No. *402*.....

P. O. Address *Maple*.....

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.