

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46751

STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317 Primary Registration District No. 548 Registrar's No. 3236

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webster Groves Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Webster Groves 4577 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 810 Newport Ave Length of stay in lb 17 years		d. STREET ADDRESS 810 Newport Ave (19) (If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last AMELIA KAMPSCHAEFER			4. DATE OF DEATH Month Day Year Dec. 20, 1957
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 30, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Sedalia, MO
13a. FATHER'S NAME Conrad Huelsmann		13b. MOTHER'S MAIDEN NAME Mary Greive	14. NAME OF HUSBAND OR WIFE Charles Kampschaefer (deceased)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give nature of service) NO		16. SOCIAL SECURITY NO. 489-05-5808	17. INFORMANT Address Mrs. Mildred Klemme 810 Newport Av. Web. Gr.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) General carcinomatosis DUE TO (b) Causes of the uterus & DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 174X			INTERVAL BETWEEN ONSET AND DEATH 2 mo 4 years
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan. 1957 to Dec. 1957 and last saw her/him alive on Dec. 20, 1957 Death occurred at 12:15 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) John M. Parato M.D.		22b. ADDRESS 1010 Mc Clausland Ave.	
		22c. DATE SIGNED 12-21-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-23-57	
23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County MO	
24. FUNERAL DIRECTOR SUEDMEYER & SON'S 3934. N.20th Street		25. DATE RECD. BY LOCAL REG. 12-21-57	
		26. REGISTRAR'S SIGNATURE Herbert R. Donk MD	

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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 *Gustav W. Quinter*

Licensed Embalmer No. *4329*
P. O. Address *St. Louis 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.