

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018054

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 539V Registrar's No. 56

FILED MAY 16 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>JEFFERSON</u>	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FESTUS</u>	a. STATE <u>MISSOURI</u>	b. COUNTY <u>ST LOUIS</u>
Length of stay in 1b <u>1 YR.</u>		c. CITY OR TOWN <u>LEMAY</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MOUNTAIN VIEW Conv Home</u>		d. STREET ADDRESS <u>740 ALLEGHANY DR</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>CHRISTINE M.</u>	Middle <u>HAMPE</u>	Last <u>HAMPE</u>	4. DATE OF DEATH	Month <u>MAY</u>	Day <u>2</u>	Year <u>1961</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>OCT-25-1882</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u>	IF UNDER 24 HR Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>ST LOUIS</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>EDWARD GOEHRUNG</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA STENDEL</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM J. HAMPE</u>
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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) <u>NO</u> <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>WILLIAM J. HAMPE</u>	Address <u>740 ALLEGHANY DR LEMAY MO 64156</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Worse 2 Wks</u>
IMMEDIATE CAUSE (a)	<u>Cardiovascular Disease</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <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
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21. I attended the deceased from 5-4-60 to 5-3-61 and last saw her alive on 5-2-61
Death occurred at 11:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. J. Hampe M.D.</u>	(Degree or title)	22b. ADDRESS <u>Crystal City, Mo</u>	22c. DATE SIGNED
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>MAY-6-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT Hope Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>LEMAY, MO</u>
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24. FUNERAL DIRECTOR <u>Fey Funeral Home, MEHNVILLE MO</u>	ADDRESS <u>5-4-61</u>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 17 1961

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 *Arthur W. Jitels*

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.