WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D DEC 12 1938

37500
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791

(b) Township 1 Primary Registration District No. 1003 Registered No. 9827

(c) City St. Louis, Mo. (d) Street No. 5351 Delmar Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 516 Alexander Stanley Dampier

(a) Residence, No. 5351 Delmar Blvd. St. 12
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lucy Vonga Dampier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 2, 1879

7. AGE: YEARS 59 | MONTHS 0 | DAYS 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired chauffeur
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farrington, England 4

FATHER
13. NAME: John Dampier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Chaphan, England 4

MOTHER
15. MAIDEN NAME: Louisa Adams,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Plymouth, England 4

17. INFORMANT (ADDRESS): (Mrs) Wilmoth Waller 5351 Delmar Blvd.

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
PLACE Valhalla DATE Nov 15 1938

19. FUNERAL DIRECTOR (ADDRESS): Alexander & Sons 6175 Delmar Blvd.

20. FILED NOV 14 1938 J F Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): November 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1930, to Nov. 13, 1938

I last saw him alive on Nov. 13, 38, 19.... Death is said to have occurred on the date stated above, at 3. 15 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular Heart Disease	6 mths
Other contributory causes of importance:	
Arthritis Deformans	5 yrs

Name of operation ---------- Date of -----

What test confirmed diagnosis? Phy. Ex Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ------ Date of injury ---, 19--

Where did injury occur? ----------
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ----------

Nature of injury ----------

24. Was disease or injury in any way related to occupation of deceased? -

If so, specify

(Signed) Dolon [illegible] M. D.

(Address) 508 N. Grand Blvd

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, J Wm Binkley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. Wm Binkley

Licensed Embalmer No. 3653

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.)