

No. 2  
-8-43  
5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF VITAL STATISTICS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25683

State File No. ....

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6213**

1. PLACE OF DEATH:

(a) County .....  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**ST. JOHNS HOSPITAL (D)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **9 DAYS**  
(Specify whether  
In this community **3**  
years, months or days)

3. (a) PRINT FULL NAME **JUSTINE ANN SAMPSON**  
3. (b) If veteran, name war .....  
3. (c) Social Security No. ....

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**  
6. (b) Name of husband or wife **THOMAS W. SAMPSON** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **JAN. 29 - 1903**  
(Month) (Day) (Year)

8. AGE: Years **43** Months **5** Days **16** If less than one day  
hr. min.

9. Birthplace **OLD MINES Mo. U**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWIFE**

11. Industry or business

12. Name **FRANCIS VILMAR**

13. Birthplace **OLD MINES Mo. U**  
(City, town, or county) (State or foreign country)

14. Maiden name **FANNIE BRAD**

15. Birthplace **OLD MINES Mo. U**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas W. Sampson**

(b) Address **Old Mines Mo.**

17. (a) **Rural** (b) Date thereof **7-17-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old Mines Mo**

18. (a) Signature of funeral director **Boyer Funeral Home**

(b) Address **Potosi Mo**

19. (a) **JUL 15 1946** (b) **J. F. Brueck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **WASHINGTON**  
(c) City or town **OLD MINES**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **NR**  
(If rural, give location)  
(e) Citizen of foreign country? **YES** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **15** 19 **46**  
year **1946** hour **2** minute **A** M.

21. I hereby certify that I attended the deceased from **July 6** 19 **46** to **July 15** 19 **46**  
that I last saw her alive on **July 14** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Melancholia**

Due to **Post operative**

Due to **Cholecystectomy**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **127**

Of autopsy **as above**

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....  
(b) Date of occurrence .....  
(c) Where did injury occur? (City or town) (County) (State) .....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work (Specify type of place) (e) Means of injury .....

23. Signature **Carl Klein** (M. D. or other) .....  
Address **St. Louis Mo** Date signed **7-15-46**

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

MOTHER FATHER

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *E. H. Payne* .....

Licensed Embalmer No. *4158* .....

P. O. Address. *TOTOSI 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 this body is not embalmed, fact should be so stated above.**