

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

Do not use this space.

12950

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis, Mo. (No. Lutheran Hospital)

File No.....
 Registered No. 3224
 St. Ward.....

2. FULL NAME

Dorothy Nielen Kemper
 (a) Residence. No. 2621 Rutger St. St. 122 Ward.....
 (Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2-1845
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
81 11
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Germany

10. NAME OF FATHER Henry Gotemann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Daugherty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Mrs. Mathilda Herdbert
 (Address) 2621 Rutger St.

15. APR -3 1927 Mrs. B. Starckoff
 FILED 1927 REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 2-1927
 I HEREBY CERTIFY, That Dorothy Nielen Kemper deceased from Dec 11-1926 to Apr 2-1927 that I last saw her alive on Apr 2-1927, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Myocarditis
95%
62 D
10 B
 CONTRIBUTOR TO DEATH (duration) yrs. mos. ds. 3 mos. 1 ds.
Family left side to
Secondary
Myocarditis (duration) yrs. mos. ds. 3 mos. 2 ds.
Apoplexy

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....
 (Signed) [Signature] M. D.
4-3-27 (Address) 7402 4th

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bethania Cemetery DATE OF BURIAL April 5 1927
 20. UNDERTAKER E. J. Schmur ADDRESS 3125 Lafayette
 AV.

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.

