

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

Do not use this space.

15144

1. PLACE OF DEATH

County.....Jefferson
Township.....Leachin
City.....St. Louis (No. St. Ward)

Registration District No. 721
Primary Registration District No. 5575

File No.
Registered No. 53

2. FULL NAME Eugene Otto Kaempfe

(a) Residence. No. St. 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 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 Cora Esther Kaempfe

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar., 10, 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
28 1 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Glass Manufactureing
(c) Name of employer Pittsburgh Plate Glass

9. BIRTHPLACE (CITY OR TOWN) Brazeau
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Kaempfe

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

12. MAIDEN NAME OF MOTHER Frieda Burfiend

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

14. INFORMANT Mrs Cora E. Kaempfe
(Address) Festus Mo.

15. FILED 4/11, 1929 J. E. Rutledge
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April March 10 19 29

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1929, to April 10, 1929 that I last saw him alive on April 9, 1929, and that death occurred, on the date stated above, at 3:30 P. m.

17A THE CAUSE OF DEATH* WAS AS FOLLOWS:
Strangulation of Duodenum
Perforated thru the Foramen
of Winslow

(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) MSA
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Post Mortem
(Signed) H. J. ... M. D.

, 19 (Address) Festus Mo

*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 Cross Town Mo DATE OF BURIAL 4/12 19 29

20. UNDERTAKER Duester + Vinyard ADDRESS Festus Mo.

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.

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