

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

Do not use this space.

7039

1. PLACE OF DEATH

County St. Louis
Township North
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 1905
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 4373 Lee Ave St. 10 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.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Loretto Hempert

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 4 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 5 18

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Musician (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

10. NAME OF FATHER George A. Hempert

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Carrie Schertz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

14. INFORMANT Loretto Hempert (Address) 4373 Lee Ave

15. FILED Mar 11 1930 REGISTRAR W. C. Barker

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 2 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 19, 1930, to Feb 22, 1930, that I last saw him alive on Feb 21, 1930, and that death occurred, on the date stated above, at 2:11 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Robert pneumonia bil.
10:00 A
10:00 A
11:50 A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pharyngitis Coryza acuta
Non-diphtheritic Catarrhal (duration) yrs. mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED 101 W IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Lab + Phys Exam (Signed) F C Kesselmege, M. D. 2-22, 1930 (Address) 3945 N 11 St

*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 Celva Cemetery DATE OF BURIAL Feb 3 1930

20. UNDERTAKER Shook Carroll ADDRESS 1600 West Bridge

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.

WHITE PEATLEY, WITH UNFADING INK—THIS IS

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