

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

Do not use this space.

11489

File No. 1212
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 1123
Township CARDINAL Primary Registration District No. 8 F
City St. Louis County (No. Fuchs & Butler Hill Roads)

2. FULL NAME Henry Kumpf

(a) Residence, No. Fuchs and Butler Hill Roads Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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

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 **Caroline Kumpf**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 29th 1879**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 11 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Mail Carrier**
(b) General nature of industry, business, or establishment in which employed (or employer) **U.S. Government**
(c) Name of employer _____

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

10. NAME OF FATHER **Henry Kumpf**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Belleville**
(STATE OR COUNTRY) **Illinois**

12. MAIDEN NAME OF MOTHER **Mary Becker**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) **Tennessee**

14. INFORMANT Caroline Kumpf
(Address) P.R.# 11-Box 62

15. FILED 9.31.1951 L. C. O'brook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 29th 1931**

17. I HEREBY CERTIFY, That I attended deceased from Sept 6th, 1930, to March 28, 1931.
that I last saw him alive on March 28, 1930 and that death occurred, on the date stated above, at 1:25 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Carcinomatosis
SIB
ISE
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Left Testicle
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE FIRST DETECTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Microscopic Examination
(Signed) Paul W. Konzelmann M. D.

3/30, 1931 (Address) 35070 Thomas 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

St. Matthews

DATE OF BURIAL

3-31- 1931

20. UNDERTAKER

Wacker Helderle

ADDRESS

2331 S, Bdw

MARGIN RESERVED FOR BINDING

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.

APR 27 1931

V.S. NO. 2.

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