

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

Do not use this space.
26660

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City *St. Louis Mo* (No. *City Hosp # 2*)

File No.
Registered No. 7832
St. Ward)

2. FULL NAME

(a) Residence, No. *2634 Belmont* St., *22* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *12* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>male</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Estimada Kemp</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unknown</i>		
7. AGE YEARS <i>56</i>	MONTHS <i>-</i>	DAYS <i>-</i>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>shares</i>	
	10. Date deceased last worked at this occupation (month and year) <i>unknown</i>	
11. Total time (years) spent in this occupation <i>unknown</i>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Miss</i>		
FATHER	13. NAME <i>unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	
MOTHER	15. MAIDEN NAME <i>unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	
17. INFORMANT (ADDRESS) <i>Estimada Kemp City Hosp # 2</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>E. St. Louis Ill.</i> DATE <i>7/17</i> 19 <i>32</i>		
19. UNDERTAKER (ADDRESS) <i>R. M. C. Green 3517 Locust St. St. Louis</i>		
20. FILED <i>ALL 10 1932</i> <i>Max C. Starck Jr</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-10*, 19*31*

22. I HEREBY CERTIFY, That I attended deceased from *6-20*, 19*31* to *7-10*, 19*31*
I last saw h. *him* alive on *7-10*, 19*31*. Death is said to have occurred on the date stated above, at *5:28* p. m.
The principal cause of death and related causes of importance were as follows:
Coronary
Cerebral Apoplexy
Date of onset *5 days*

Other contributory causes of importance:
820
Name of operation *Chol* Date of *.....*
What test confirmed diagnosis? *Chol* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) *C. M. Smith*, M. D.
(Address) *City Hosp # 2*

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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