

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

Do not use this space.

10245

1. PLACE OF DEATH

County..... Registration District No. *791*
 Township..... Primary Registration District No. *1000*
 City *St Louis* (No. *3669* *Flad.*) St. Ward)

File No.

Registered No. *2264*

2. FULL NAME

Lewis W. Kemp
 (a) Residence. No. *3669 Flad.* St. *17* 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 *widower* (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary F. P. Kemp*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 4, 1836*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
95. 8 3

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maryland*

PARENTS
 10. NAME OF FATHER *Lewis Kemp*
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Abaco Dorane*
 12. MAIDEN NAME OF MOTHER *Unknown*
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Bavonia*

14. INFORMANT *Miss Jessica M. Kemp*
 (Address) *3669 Flad*

15. FILED *R - 9 1932* *M. E. Starker* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *March 7 1932*
 17. I HEREBY CERTIFY, That I attended deceased from *Dec 20*, 19*31*, to *Mar 7*, 19*32* that I last saw h. *in* alive on *Mar 7 11:52 a.m.* and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile Arteriosclerosis
Chron Myocarditis
 (duration) *10* yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) *930* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *1*
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? *No* DATE OF
 WAS THERE AN AUTOPSY? *No*
 WHAT TEST CONFIRMED DIAGNOSIS *Rathusella* M.D.
3/8 19 *32* (Address) *116 Beaumont*

*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 *Babany* DATE OF BURIAL *3/10 1932*

20. UNDERTAKER *Mullen and Co* ADDRESS *Delmar*

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.

