

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Crawford
City Louiville

Registration District No. 1173
Primary Registration District No. 62489
(No. Mt. St. Rose's Hospital)

File No. 27776
Registered No. 231
St. _____ Ward _____

2. FULL NAME Emil Fred Lempe

(a) Residence, No. 8257 Braner 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hazel Lempe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 28 1903</u>		
7. AGE YEARS <u>31</u>	MONTHS <u>5</u>	DAYS <u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hussman's Refrigerating Co.</u>
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER 13. NAME Emil Lempe

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Lena Proes

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Hazel Lempe
(ADDRESS) 8257 Braner

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Cem. DATE July 3 1934

19. UNDERTAKER Trischauer Mortuaries
(ADDRESS) 4228 St. Kingshighway Blvd

20. FILED 7-2-1934 B. F. Tate M.D.
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/1 1934

22. I HEREBY CERTIFY, That I attended deceased from 6/27, 1934, to 7/1, 1934

I last saw him alive on 7/1, 1934. Death is said to have occurred on the date stated above, at 6:08 m.

The principal cause of death and related causes of importance were as follows:

Chronic bilateral fibrocaceous tuberculosis with hemorrhage
23 A
23 B
23
Other contributory causes of importance
Pneumonia
Date of onset Jan 1933

Name of operation _____ Date of _____
What test confirmed diagnosis? Cult Was there an autopsy? Yes

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) [Signature], M. D.
(Address) 9101 So Broadway

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. AUG 16 1934

DEC 10 1949

DEC 13 1949

DEC 16 1949