

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

Do not use this space.

1. PLACE OF DEATH
JUN 10 1935

791
1003

17977

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis* (No. *St. Luke Hosp.*)
2. FULL NAME *Frederick N. VanKempel*
(a) Residence, No. *#5560 Pershing Ave. Ward. 5* (If nonresident, give city or town and State)
(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.

File No.....
Registered No. **4295**
St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 *Karen VanKempel*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 26, 1875*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60. X 14

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 10, 1935*
22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *8:10 P.*
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Contractor*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Hardwood Floors*
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Bronchopneumonia; Chronic Myocarditis; Chronic Interstitial Nephritis; Edema of Brain; Arteriosclerosis
Other contributory causes of importance: *131*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *New York City N. Y.*
13. NAME *Nicholas VanKempel*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Denmark*
15. MAIDEN NAME *Ann Mueller*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Denmark*
17. INFORMANT (ADDRESS) *Mrs Karen VanKempel #5560 Pershing Ave.*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla Cem.* DATE *5-13-35*
19. UNDERTAKER (ADDRESS) *P. R. Rupton & Sons #4449 Olive St.*
20. FILED *MAY 13 1935* 19.....
J. Brebeck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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.....
Harold P. Pugh, M. D.
5/13/35

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.

July 1892.