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.

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

NOV 27 1935

Do not use this space.

34792

1. PLACE OF DEATH
County St. Louis. Registration District No. 1160
Township Primary Registration District No. 4470
City University City (No. 7001 Lindell Blvd St. Ward)

File No.
Registered No. 116

2. FULL NAME Jeannette Kempff
(a) Residence, No. 7001 Lindell St., 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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frederick Kempff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1851

7. AGE YEARS 84 MONTHS 1 DAYS 22 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Cincinnatti Ohio

FATHER
13. NAME John Meyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Sophia Fuchs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs John M. Clauser 7001 Lindell Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cem DATE Oct. 28 1935

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St

20. FILED Oct. 26 1935 Lena V. Moller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1935

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1935, to Oct 26, 1935
I last saw her alive on Oct 26, 1935. Death is said to have occurred on the date stated above, at 6A m.
The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis

Date of onset

Other contributory causes of importance:
Chronic Myocarditis

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

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) F Kerhoff M. D.
(Address) 3206 Lafayette Av

3206 Lafayette
(Phone) Grand 5715
3-4 P.M.