

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.

St. Elizabeth Hospital

APR 21 1936

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

Do not use this space.

11580

1. PLACE OF DEATH

County Marion  
Township Marion  
City Hannibal

Registration District No. 547  
Primary Registration District No. 2029  
(No. St. Elizabeth Hospital)

File No. \_\_\_\_\_  
Registered No. 100  
St. \_\_\_\_\_ Ward)

2. FULL NAME

Celesta Ann Kempf

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 9 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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 0 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Hannibal, Mo.  
(STATE OR COUNTRY)

13. NAME Carl Kempf  
14. BIRTHPLACE (CITY OR TOWN) Marion County Missouri  
(STATE OR COUNTRY)

15. MAIDEN NAME Hazel Reneiger

16. BIRTHPLACE (CITY OR TOWN) St. Louis Missouri  
(STATE OR COUNTRY)

17. INFORMANT Carl Kempf  
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo.  
PLACE Greenwood Cem. DATE 3/26/36 19.

19. UNDERTAKER Lewis Brown  
(ADDRESS) Palmyra, Mo.

20. FILED Mo. 2/7/36 R. H. Scholtz  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-17-1936 to 3-28-1936.  
I last saw him alive on 3-24-1936. Death is said to have occurred on the date stated above, at 7:30 a. m.  
The principal cause of death and related causes of importance were as follows:

meperanation of head.

Date of onset

Other contributory causes of importance:

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) R. H. Scholtz M. D.  
(Address) Palmyra, Mo.

