

APR 25 1936

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

Do not use this space.

12340

## 1. PLACE OF DEATH

County St. Louis  
Township Central  
City Clayton

Registration District No. 190Primary Registration District No. Sp. 334

File No. ....

Registered No. 91(No. St. Louis Co Hospital) St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 646 St. Jellison Walden Mo.  
(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 (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Bohlen Kempf

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
86 1 9

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

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) 1926 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France13. NAME John Kempf14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Jacob J Bohlen  
4579 St Ferdinand18. BURIAL, CREMATION, OR REMOVAL PLACE Bethany Care DATE 3-10 3619. UNDERTAKER (ADDRESS) Bourgeois Bros Inc  
only bank use20. FILED 3-9 1936 Dr J Squorelli  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8 193622. I HEREBY CERTIFY, That I attended deceased from 2-27 1936, to 3-8 1936I last saw him alive on 3-8-36, 1936 Death is said to have occurred on the date stated above, at 8:40 AM m.

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

Date of onset

Regenerative heart disease?

Other contributory causes of importance:

Senility,

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. F. Allison M. D.(Address) St. Louis County Hospital

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.

Kemp.