

AUG 18 1936

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

Do not use this space.

28289

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. Alexian, Broc. Hospital) St. 7047 Ward

2. FULL NAME

**Tony Kempf, Sr.**

(a) Residence, No. So. Affton, Missouri St. N.R. Ward. S. Affton, 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 Katie  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1881  
7. AGE YEARS 54 MONTHS 6 DAYS 14  
If LESS than 1 day, .....hrs. or .....min.

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

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

MOTHER FATHER  
13. NAME Andrew Kempf

14. BIRTHPLACE (CITY OR TOWN) Unknown  
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Sophie Bauer

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

17. INFORMANT Katie Kempf  
(ADDRESS) So. Affton, Missouri

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Old St. John's CHURCH DATE July 13, 1936

19. UNDERTAKER C. Hoffmeister Und. & L. Co.  
(ADDRESS) 7814 So. Broadway, St. Louis, Mo.

20. FILED JUL 13 1936  
J. Bredbeck  
Registrar.

~~No Phy. on attendance~~  
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1936

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 7:15 P.m.

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

Heart - (Excessive)  
Chr. Glomerular Nephritis

Other contributory causes of importance:  
131

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.....

(Signed) [Signature]  
(Address) [Signature]

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.

