MAR 5 - 1937

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

Do not use this space.

File No. 8495
Registered No. 1950

1. PLACE OF DEATH

County ..... Registration District No. 791

Township St Louis ..... Primary Registration District No. 1003

City ..... (No. 4235a Margaretta Ave ..... St. ..... Ward)

2. FULL NAME John W Kempa

(a) Residence, No. 4235a Margaretta Ave St., 10 Ward. (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.

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 Marie Kempa

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30 1858

7. AGE: Years 79 | Months -- | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 14

10. Date deceased last worked at this occupation (month and year) July 1927 — 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

FATHER

13. NAME Carl Kempa 16

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

MOTHER

15. MAIDEN NAME Albertina Karau 16

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Marie Kempa
(ADDRESS) 4235a Margaretta Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Bethlehem DATE Feb 15, 1937

19. UNDERTAKER Reiderwieden Funeral Home Inc
(ADDRESS) 1936 St Louis Ave

20. FILED 2-15, 1937 J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1937, to Feb 11, 1937

I last saw him alive on Feb 10, 1937. Death is said to have occurred on the date stated above, at 11:40 P M

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

	Date of onset
Chr. Int. Nephritis	7
Other contributory causes of importance:	
Arterio-Sclerosis	1
Senility	7
Secondary Anaemia	3

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Arthur L. de Masy, M. D.

(Address) 4046 N. Grand Blvd.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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