

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.

OCT 14 1937

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

Do not use this space.

32582

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo.

(No. 7209 Michigan Ave.)

File No.

Registered No. 8636

St. Ward

2. FULL NAME

Phillip Kempf

Mattese, Mo.

(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

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)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Mary Kempf

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

Mar. 25, 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, hrs.

or min.

86

5

18

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

Retired farmer

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)

Missouri

13. NAME

Geo. Ph. Kempf

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

17. INFORMANT

(ADDRESS)

Amelia Jennemann

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mattese, Mo. Sept 16/37

19. UNDERTAKER

(ADDRESS)

Fendler Und. Co.

7420 Michigan

20. FILED

SEP 14 1937

J. F. Bredeck

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Sept-13-1937

22. I HEREBY CERTIFY, That I attended deceased from

June 21 1936 to Sept 13 1937

I last saw him alive on Sept 13 1937. Death is said

to have occurred on the date stated above, at 5am

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

Carcinoma of the stomach

Other contributory causes of importance:

Hemorrhage of the stomach

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) Waldor Hall, M. D.

(Address) Lemaire B. 8mo

I the undersigned certify that I have embalmed the
body of Phillip Kempf for the Fendler Und. Co.
according to the law of Missouri

Harry Schumacher
2679

Harry Schumacher