

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
RECORDED MAR 7 - 1945  
784

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 8115  
Registrar's No. 444

Registration District No. 784 Primary Registration District No. 250

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Roch  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Roch Hospital  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 1 yr 2 mos 29 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Kemper 516  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. None

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs Mary Kemper 6. (c) Age of husband or wife if alive 47 years  
7. Birth (date of deceased) 9 - 14 1892  
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 17 If less than one day hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Fireman

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Herman Kemper  
18. Birthplace Germany  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Catherine Hadden  
15. Birthplace St. Rose La Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roch Hospital Record  
(b) Address Roch, Mo  
17. (a) Burial (b) Date thereof 3-4-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Drehmann-Harral  
(b) Address 1905 Union Blvd.  
19. (a) MAR 4 - 1940 (b) W.R. Murrill  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2511 Sample  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 3 day 1  
year 1940 hour 10 minute A M.  
21. I hereby certify that I attended the deceased from June 15  
1939 to March 1 1940  
that I last saw him alive on March 1 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to 23  
Other conditions second stage thoracoplasty  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy Pulmonary TB T.B. 3  
Sanguis TB of vessel 3

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature William Stamba (M. D. or other) 1  
Address Roch, Mo Date signed 3/2/40

AUG 5 1948

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Warren A. Carno

Licensed Embalmer No. 3534

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**