

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 87 days (Specify whether years, months or days) 89 days

3. (a) PRINT FULL NAME MARY PEARL KEMP

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 7, 1911
(Month) (Day) (Year)

8. AGE: Years 28 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Annapolis, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Richard Kemp

13. Birthplace Annapolis, Mo
(City, town, or county) (State or foreign country)

14. Maiden name Oral Ratcliff

15. Birthplace Annapolis, Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records
(b) Address Koch, Mo

17. (a) Burial (b) Date thereof March 16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parisopolis, Mo

18. (a) Signature of funeral director W. R. Meyer
(b) Address _____

19. (a) MAR 15 1940 (Date received local registrar) (b) W. R. Meyer (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. 4587 A Kensington (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14 year 1940 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from July 1, 1939 to March 14, 1940; that I last saw her alive on March 14, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 10 yrs

Due to Empyema (left) 2 3/4 3 yrs
Due to Amploid disease of liver 1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Thoracotomy for empyema (left)
Of autopsy Pulmonary tuberculosis, empyema, Amploid disease of liver

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

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) (e) Means of injury _____

23. Signature Ceyde R. Minkert Address Koch, Missouri Date signed 3-15-40

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

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

Arnell J. White

Licensed Embalmer No.

3012

P. O. Address

Winston Ave

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.