No. 2
-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5430

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1678

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

1. PLACE OF DEATH:

(a) County

(b) City or town St.Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6104 Arendes Drive / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St.Louis 171 (If outside city or town limits, write "RURAL")

(d) Street No. 6104 Arendes Drive 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Valentine Kemper

3. (b) If veteran, name war No,

3. (c) Social Security No. No,

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married/

6. (b) Name of husband or wife Theresa Kemper

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased February (Month) 18 (Day) 1866 (Year)

8. AGE: Years 75 Months -- Days 2 If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) 0 Mo. (State or foreign country)

10. Usual occupation Building Labprer(retired)

11. Industry or business

FATHER
12. Name Frank P.Kemper
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Pauline Lammert
15. Birthplace 4 Germany (City, town, or county) (State or foreign country)

16. (a) Informant Theresa Kemper

(b) Address 6104 Arendes Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm Schumacher

(b) Address 3013 Meramec

19. (a) FEB 21 1941 (Date received local registrar) (b) J W Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20 year 1941 hour 11.45 minute A. M.

21. I hereby certify that I attended the deceased from 6/19-39, 19, to 2/20/41, 19; that I last saw him alive on 2/20/41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Joseph L Perre (M. D. or other)

Address 406 S. Ad Broad av Date signed 2/21/41

(Licensed Embalmer's Statement on Reverse Side)

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 George N. Archambault, Registered Apprentice No. _____ working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2906

P. O. Address 3013 Meramec

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

If this body is not embalmed, fact should be so stated above.