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K28390

DEC 22 1941

37160

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9390

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 219
(d) Street No. 1009a N. Garrison (If rural, give location) D
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Kemper

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

4. Sex male 5. Color or race Cal. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ada Kemper 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22, 1941
year hour 6 minute 25 A. M.
21. I hereby certify that I attended the deceased from Nov. 20, 1941
Nov. 22, 1941 to Nov. 22, 1941
that I last saw h im alive on November 22, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Indef.

Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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) (c) Means of injury
23. Signature J. A. Erwin (M. D. or other)
Address 2600 Collette Date signed

8. AGE: Years Months Days If less than one day
abt 90 Unknown hr. min.

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

10. Usual occupation Labor

11. Industry or business

12. Name Endrey Kemper

13. Birthplace (City, town or county) (State or foreign country)
Unknown 9

14. Maiden name Martha Redman

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

16. (a) Informant Irene Baxton

(b) Address 817 N 20th St

17. (a) Burial (b) Date thereof Nov 27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elabern, Mo.

18. (a) Signature of funeral director F. A. Green

(b) Address 2915 Franklin Ave,

19. (a) NOV 26 1941 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

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

MAR 12 1949

DEC 6 1948

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.....

Licensed Embalmer No. *2963*

P. O. Address. *2915 Franklin av*

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, fact should be so stated above.