

FILED MAY 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15360

State File No.

Registration District No. 757

Primary Registration District No. 2036

Registrar's No. 299

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
105 Washington Ave. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Charles KEMPER
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JULIA WINKE MCYER
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased Apr 13 1861
(Month) (Day) (Year)

8. AGE: Years 76 Months 4 Days 14
If less than one day
.....hr.min.

9. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER
12. Name Fred KEMPER
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
14. Maiden name Matherine Koch
15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Kemper
(b) Address St. Charles, Mo.

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof April 29 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Salem Cemetery, St. Louis

18. (a) Signature of funeral director Wachmann
(b) Address St. Charles, Mo.

19. (a) April 29, 1942 (b) Clarence J. Uessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Charles
(c) City or town St. Charles 9
(If outside city or town limits, write "RURAL") 3
(d) Street No. 279 So Main
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27th
year 1942 hour 10-45 minute A-M

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;
that I last saw him..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
CORONARY THROMBOSIS

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death) 94a

Major findings:
Of operations.....
Of autopsy SAME AS AT BOYF

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? 3

While at work? YES (Specify type of place)
Means of injury Acting Coroner

23. Signature Albert Bunting (M. D. or other)
Address 2120 24 STREET Date signed 4/27/42

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

92
9
3

MAY 2 1942

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.....
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; fact should be so stated above.