

FILED OCT 21 1942  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 8517

1. PLACE OF DEATH:  
(a) County .....  
(b) City or town St. Louis,  
(c) Name of hospital or institution:  
4447 Pennsylvania Ave. /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State. Missouri, (b) County. 12  
(c) City or town. St. Louis, 9 15  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4447 Pennsylvania Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

3. (a) PRINT FULL NAME Johanna G. Kemper  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 10  
year 1942 hour 2: minute 30 P. M.

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife. Joseph G. 6. (c) Age of husband or wife if alive..... years  
October 21 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 16-42  
19..... to Oct 9 / 1942  
that I last saw her alive on Oct 9, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
73 11 19 .....hr. ....min.

Immediate cause of death  
Phone myocarditis?

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

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

10. Usual occupation. at Home

Other conditions (Include pregnancy within 3 months of death)  
Chronic disease

11. Industry or business.....  
12. Name Meinrad Feltmann,  
13. Birthplace. Germany,  
(City, town, or county) (State or foreign country)  
14. Maiden name Gertrude Edelbrock,  
15. Birthplace. Don't Know  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
Underline the cause to which death should be charged statistically.

16. (a) Informant Frank W. Kemper  
(b) Address 4447 Pennsylvania Ave.

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?

17. (a) Burial (b) Date thereof 10/13/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation New SS. P. & P. Cem.

While at work? (Specify type of place).....  
(e) Means of injury.....

18. (a) Signature of funeral director Bebben-Benz Mortuary  
(b) Address 2842 Meramec St.  
19. (a) CI 11 1342 (b) J. F. Bealock  
(Date received local registrar) (Registrar's signature)

23. Signature J. F. Bealock (M. D. or other) 10/19/42  
Address 406 S. 50th Date signed.....

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

MOTHER FATHER

8517  
4198

8517  
4198

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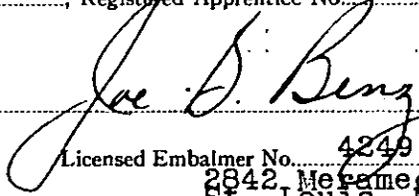
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....Me.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4249

P. O. Address 2842 Metamec St.  
St. Louis, Mo.

**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.