

FILED JUN 4 1943 318

Primary Registration District No. **1025**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... **St. Louis, Mo.**
 (c) Name of hospital or institution: **De Paul Hospital**
 (d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... years, months or days)

3. (a) PRINT FULL NAME **Martin A. Kempf**

3. (b) If veteran, name war.....
 3. (c) Social Security No. **489-10-7413**

4. Sex **M** 5. Color or race **W**
 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Emelia Wetterer deceased**
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Oct. 9, 1873.**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	7	11hr.min.

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

10. Usual occupation **Laborer**

11. Industry or business **Krey Packing Co.**

MOTHER FATHER

12. Name **Mathias Kempf**

13. Birthplace **Baden, Germany**
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Magdalene Voelker**

15. Birthplace **Bavaria, Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Genevieve Kempf**

(b) Address **3820 Labadie Ave.**

17. (a) **Burial** (b) Date thereof **May 24, 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation? **New St. Peter & Paul**

18. (a) Signature of funeral director **Cullinane Bros. Cen.**
 (b) Address **1710 N. Grand Blvd**

19. (a) **MAY 22 1943** (Date received local registrar)
J. F. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
 (c) City or town **St. Louis, Mo.**
 (d) Street No. **3820 Labadie Ave.**
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20** year **1943** hour **11th** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **March 12** to **May 20**, 19**43**
 that I last saw him alive on **May 19**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Enlarged prostate gland; Chronic Cystitis - Catarrh; Surgical shock.**

Due to.....
 Other conditions..... (Include pregnancy within 3 months of death)

Major findings: **Enlarged prostate gland.**
 Of operations.....
 Of autopsy.....

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?

23. Signature **L. W. Kirsch** (M. D. or other)
 Address **2900 Linden St.** Date signed **5/20/43**

1029330

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.....

Fred Frick

Licensed Embalmer No..... **3186**

P.O. Address **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.