No. 2
—5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1943 318 1003

State File No. 4013 A

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 11272

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: 2006 Harris 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 ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 119

(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")

(d) Street No. 2006 Harris Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Peter Kumpf

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Pauline Kumpf

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

7. Birth date of deceased Dec. 27. 1860 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	11	18	..... hr. ..... min.

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

10. Usual occupation Retired Foreman

11. Industry or business Warehouse

FATHER
12. Name Peter Kumpf
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jack Kendall
(b) Address 2006 Harris Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Friedans Cemetery

18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand Blvd.

19. (a) DEC 17 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1943 hour 6 minute 50 A M.

21. I hereby certify that I attended the deceased from Sept. 1, 1943 to Dec. 15, 1943
that I last saw him alive on Dec. 14, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Infirmity	
Due to Acute Bronchitis	10 days
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Dr. J. H. Swing / XXXXXXXD.C.
Address 5342 W. Florissant Date signed Dec. 16 1943

(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.....

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

working under my personal supervision.

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.