

FILED MAR 13 1944 18

100c

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **2099**

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:
1410 Warren St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 81 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1410 Warren St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary Kemper

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife late Henry Kemper 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 22, 1862
(Month) (Day) (Year)

8. AGE: Years 81 Months 4 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Housework

MOTHER FATHER { 11. Industry or business _____

12. Name Henry Sorgenfrei

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

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

16. (a) Informant William C. Kemper

(b) Address 1410 Warren St.

17. (a) Burial (b) Date thereof 3-4-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery
Hy. Leidner U. Co.

18. (a) Signature of funeral director _____
(b) Address 3223 St. Louis Ave.

19. (a) MAR 2 1944 (b) J. B. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd.
year 1944 hour 4:30 AM. minute _____ M.

21. I hereby certify that I attended the deceased from Jan 2, 1944 to March 1, 1944
that I last saw him alive on March 1, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, Chronic & Cortical Tuberculosis 1 yr.

Due to _____ 3 yr

Due to _____

Other conditions (includes pregnancy within 3 months of death) _____

Major findings: Of operations 1/2/1

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) (e) Means of injury _____

23. Signature J. O. Beck (M. D. or other) _____
Address 2503 W. 10th St. Date signed 3/2/44

Ce 9927

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 *John P. Bushholz* /

Licensed Embalmer No. *1674*

P. O. Address *2233 St. Louis Ave*

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.