V. S. No. 2
00M—8-43
ev. 5-17-39
1 X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29500

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7995

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: ALEXIAN BROS. HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Bk 4
(c) City or town ST. LOUIS 19 (If outside city or town limits, write "RURAL") 2
(d) Street No. 6000 CARLSBAD (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME PETER H. KEMME

3. (b) If veteran, name war NO
3. (c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ WIDOW 2

6. (b) Name of husband or wife CAROLINE KEMME
6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB (Month) 22 (Day) 1864 (Year)

8. AGE: Years 80 Months 6 Days 24 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY (State or foreign country) 4
10. Usual occupation NIL
11. Industry or business

FATHER
12. Name UNKNOWN KEMME 4
13. Birthplace (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) GERMANY (State or foreign country) 4

16. (a) Informant Mrs Geigler
(b) Address 6000 Carlsbad
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-19/44 (Month) (Day) (Year)
(c) Place: burial or cremation NEW PICKERS
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Av.
19. (a) SEP 18 1944 (Date received local registrar) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1944 hour 7 minute 50 p.M.

21. I hereby certify that I attended the deceased from 6-1, 1942, to 9-15, 1944; that I last saw him alive on 9-15, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	
Due to Chronic Nephritis	
Due to Chronic Hypertension	
Other conditions Fracture of left hip (Include pregnancy within 3 months of death)	2 weeks

Major findings:
Of operations 186
Of autopsy 18

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) accident or contributory
(b) Date of occurrence 9-2-44 AM
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? (e) Means of injury fall

23. Signature Edward Engel (M. D. or other) M.D.
Address 3800 S. Broadway Date signed 9/18/44

(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 John Kotter

Licensed Embalmer No. 3880

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.