

FILED JAN 16 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 106

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:
4449 Holly Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether _____)
In this community _____
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. 4449 Holly Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 4th
year 1945 hour 5:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from Jan 4, 1945 to Jan 14, 1945
that I last saw alive on Jan 31, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to: Arteriosclerosis

Due to: Senility
Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:
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? home
(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 0
23. Signature: Theodore Boneluan
(M. D. or other) _____
Address: 5043 Verron Ave Date signed: 1/14/45

3. (a) PRINT FULL NAME Edward C. Kempfler

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

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

6. (b) Name of husband or wife Hermina C. Kempfler nee Riecke (c) Age of husband or wife if alive 81 years

7. Birth date of deceased August 4, 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Hammond Sheet Metal Co.

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Edwin H. Kempfler

(b) Address 4449 Holly Ave

17. (a) Burial (b) Date thereof: 1/6/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director: Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 5 1945 (b) _____
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

17
99

Duration
3 or 4
years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 William G. Burkholz

Licensed Embalmer No. 2110

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.