

U.S. No. 2
FORM-5-43
Rev. 5-17-39
X 35671

7153

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 5 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 539

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town Gardenville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5010 Heege
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Safe _____ (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis
(c) City or town Gardenville 76.
(If outside city or town limits, write "RURAL") 0
(d) Street No. 5010 Heege 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Hertha Cecelia Kempf

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Orville J. Kempf 6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased Sept. 3, 1910
(Month) (Day) (Year)

8. AGE: Years 34 Months 5 Days 19 If less than one day
hr. _____ min. _____

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

10. Usual occupation hat factory worker

11. Industry or business _____

MOTHER FATHER
12. Name Adolph Roy
13. Birthplace Affton Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Seitz
15. Birthplace S. Affton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Fuenfgeld

(b) Address 5010 Heege Road

17. (a) burial (b) Date thereof Feb 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director J.L. Ziegenhein & Sons

(b) Address 7027 Gravois Ave.

19. (a) FEB 26 1945 (b) Dr. E. G. McManis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 22
year 45 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1-45
_____ 19____ to Feb 22 1945
that I last saw h. er alive on Feb 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma
Lungs
Due to _____
Due to _____

Other conditions C.A. metastasis
(Include pregnancy within 3 months of death)
into kidney

Major findings: _____
Of operations _____
Of autopsy 47d

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? _____

23. Signature Walter D. Kelly (M. D. or other)
Address 9915 Gravois Affton Date signed 2/23/45
While at work? _____ (Specify type of place)
(c) Means of injury 0

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

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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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address. 7027 Travis

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.