

No. 2  
4-12-40  
5-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUN 9 1945**

MISSOURI STATE BOARD OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **15263**  
Registrator's No. **4910**

Registration District No. **318** Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Lukes Hospital 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital 3 wks  
(Specify whether \_\_\_\_\_)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Illinois (b) County Madison  
(c) City or town Collinsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 314 Verdala St NR.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**3. (a) PRINT FULL NAME** William Louis Kaemper  
**3. (b) If veteran, name war** \_\_\_\_\_  
**3. (c) Social Security No.** \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month June day 1  
year 1945 hour 11 minute 20 AM.

**4. Sex** Male  **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** Married  
**6. (b) Name of husband or wife** Elea Gust Kaemper  
**6. (c) Age of husband or wife if alive** 64 years  
**7. Birth date of deceased** Oct. 7 1875  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** May 11, 1945, to June 1, 1945;  
that I last saw him alive on June 1, 1945;  
and that death occurred on the date and hour stated above.

**8. AGE:** Years 69 Months 7 Days 25  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Myelogenous leukemia Duration 6 wks

**9. Birthplace** Waterloo, Monroe Co, Ill.  
(City, town, or county) (State or foreign country)

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**10. Usual occupation** Bunker  
**11. Industry or business** Bunker  
**12. Name** Henry Kaemper  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Katherine  
**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**MOTHER FATHER**  
**16. (a) Informant** daughter, Mrs R. Ferrell  
**(b) Address** 1326 meadowmere snig  
**17. (a) Removal** Removal **(b) Date thereof** 6-7-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Collinsville - Ill  
**18. (a) Signature of funeral director** Arthur G. Day  
**(b) Address** Collinsville Ill  
**19. (a) JUN 2 1945** **J. F. Predeck**  
(Date received local registrar) (Registrator's signature)

**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? \_\_\_\_\_ **(e) Means of injury** \_\_\_\_\_  
**23. Signature** Arthur G. Day (M. D. or other) \_\_\_\_\_  
**Address** 3720 Washington Blvd **Date signed** 6-1-45

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

*Lawrence A. Lippert*

Licensed Embalmer No. 3577

P. O. Address Collinsville, Ill.

**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.**