

FILED MAR 30 1946  
318

Primary Registration District No. 1003

Registrar's No. 2712

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
358 Carrie Ave. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Veronica (Fronoy) Kempen

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Kempen

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 16, 1883  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months    | Days     | If less than one day |
|---------|-----------|-----------|----------|----------------------|
|         | <u>62</u> | <u>10</u> | <u>4</u> | hr. _____ min. _____ |

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

12. Name Siebert

13. Birthplace St. Genevieve Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Kempen

(b) Address 358 Carrie Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23/46  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) MAR 23 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 358 Carrie Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 20 /  
year 1946 hour \_\_\_\_\_ minute 30 a.m.

21. I hereby certify that I attended the deceased from 3-15- 1946 to 3-20 1946  
that I last saw her alive on 3-2- 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chc myocarditis  
mitral insufficiency  
Heart Block - P 32

Duration Unknown  
Unknown  
3 yrs.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: 92

Of operations \_\_\_\_\_

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)

(b) Means of injury \_\_\_\_\_

23. Signature W. R. Gumm (M. D. or other) MD

Address 2327 S Broadway Date signed \_\_\_\_\_

**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..... *Nancy A. Stewart* .....

Licensed Embalmer No. **3722** .....

P. O. Address **412 Duchouquette St.** .....

**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.**