

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **143273**  
Registrar's No. **946**

**FILED** MAY 6 1946  
Registration District No. **377**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
#3 Grove Road off 66 Highway  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 day years, months or days)

3. (a) PRINT FULL NAME Peter Kemper

3. (b) If veteran, name war. No

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 Katherine Kemper

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July 11 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	9	17	hr. _____ min.
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9. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business Radio Station K M O X

12. Name Frank Kemper

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

14. Maiden name Wilhelmina Steinkamp

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

16. (a) Informant Elmer Kemper

(b) Address 5613 Michigan ave.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) 5-1-46 (b) [Signature]  
(Date received local registrar) (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. 2911 Gasconade st.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1946 hour 1 minute 45 A. M.

21. I hereby certify that I attended the deceased from 9/24/45  
\_\_\_\_\_ 19. \_\_\_\_\_ to 4/28 19. 46  
that I last saw him alive on 4/26 19. 46  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal  
syndrome @ C  
arteriosclerosis + hypertension

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

Due to 1316

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_ 220

(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) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 3804 Williamsburg Ave Date signed 4/29/46

*Handwritten:*  
3806 Westminster  
Ave  
2-5 P.M.

**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 *Harry J. Schumacher*  
Licensed Embalmer No. *2679*  
P. O. Address *7814 4th Broadway*

**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.**