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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19719

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1016

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Pasadena Hills
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7264 Ravinia Dr.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Pasadena Hills
(If outside city or town limits, write "RURAL")
(d) Street No. 7264 Ravinia Dr.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin H. Kempfer
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Olinda E. Kempfer nee Drees
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased February 28, 1885 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
62	2	7	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Edward C. Kempfer
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Hermine Riecke
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Olinda E. Kempfer
(b) Address 7264 Ravinia Dr. Pasadena Hills
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bethlehem Cemetery Inc.
18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave
19. (a) 5-7-47 (Date received local registrar) (b) Cecil A. Sharpe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5th year 1947 hour 1:30 PM minute M.
21. I hereby certify that I attended the deceased from July 10 1945 to May 5 1947, that I last saw him alive on May 5 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	6 months
Due to Coronary disease 940	4 years
Due to Arteriosclerosis	5 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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) Place of occurrence (City or town) (County) (State)
(c) Where did injury occur? (Specify type of place)
(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 M. E. Jones (M. D. or other)
Address 4506 Olive St. Date signed May 6 47

(Licensed Embalmer's Statement on Reverse Side)

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 Bunkho

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.