No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED SEP 2 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. 29058

Registrar's No. 7910

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days (Specify whether
In this community 72 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1127 Dolman St. 9
(If rural, give location)

22

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRANK B. GEMPP

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife —

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

7. Birth date of deceased August (Month) 29 (Day) 1874 (Year)

8. AGE: Years 72 Months 11 Days 21 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Henry C. Gempp
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Hauessler
15. Birthplace New Orleans (City, town, or county) Louisiana (State or foreign country) 1

16. (a) Informant Mrs. Otto Fruth
(b) Address 3060 Hawthorne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Teetz Funeral Home
(b) Address 3029 Lafayette Ave.

19. (a) AUG 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1947 hour 3 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug. 6-47, 19 to Aug. 20, 1947 that I last saw him alive on Aug. 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Benign Prostatic Hypertrophy Arteriosclerosis Cystitis Catarrhal

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Albert McRepetto M.D. (M. D. or other)

Address 1515 Lafayette Date signed 9-20-47

Jefferson City Printing Co.

(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.....Ray C. Campbell.....

Licensed Embalmer No.....3881.....

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.