No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 13 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2709 1034

Registrar's No.

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: Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4/21/43 to 1/24/48 (Specify whether years, months or days)

In this community

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.: 5800 Arsenal St. 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 3

If yes, name country

3. (a) PRINT FULL NAME: STEVEN KEMP

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: Col

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Jan (Month) 4 (Day) 1856 (Year)

8. AGE: Years 92 | Months 0 | Days 20 | If less than one day: hr. min.

9. Birthplace: Alabama (City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business:

FATHER
12. Name: Judge Kemp
13. Birthplace: Alabama (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Caroline ?
15. Birthplace: Alabama (City, town, or county) (State or foreign country)

16. (a) Informant: City Infirmary Records
(b) Address: 5800 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: JAN 2 1948 (Month) (Day) (Year)
(c) Place: Anatomical Board

18. (a) Signature of funeral director: Edward C. Rinehard
(b) Address: 4104 MANCHESTER

19. (a) JAN 2 1948 (Date received by local registrar) (b) J. T. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24 year 1948 hour 4 minute 55 P.M.

21. I hereby certify, that I attended the deceased from Jan. 1 1947 to Jan. 24 1948 that I last saw him alive on Jan. 24 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute cardiac failure	
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Small bowel fecal fistula	
Autopsy (Yes or No) findings: Operations: Lumbar hernia	
Of autopsy:	

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? Means of injury

23. Signature: W. Pohlmann (M.D. or other)
Address: 5800 Arsenal Date signed: 1-30-48

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.....

Licensed Embalmer No.....

P. O. Address.....

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.