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FILED MAY 14 1948

Registration District No. 310

FEDERAL BUREAU OF INVESTIGATION
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

State File No. 113758

Registrar's No. 87

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1010 Washington Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Life years, months or days)

3. (a) PRINT FULL NAME Mary Kemp

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Richard Kemp
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 16, 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 11 12 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ben Mosely

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

14. Maiden name Ella Unknown

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

16. (a) Informant Maurice McRoberts

(b) Address 1034 Washington Street

17. (a) Burial (b) Date thereof 5/1/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Avenue - St. Louis

19. (a) 5-3-48 (b) Fannie Hamilton
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1010 Washington Street
(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 '48 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 4/10/48
_____, 19____, to 4/26/48, 19____;
that I last saw her alive on 4/26/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart disease
Duration _____

Due to _____
Due to _____

Other conditions Epithelial squamous cell
(Include pregnancy within 3 months of death)
Cancer of paranasal sinus

Major findings: 5-5 D
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)
(e) Means of injury _____

23. Signature W.H. Tyler, M.D. (M.D. or other) _____
Address 200 1/2 Main St. of St. Charles Mo. Date signed 4/29/48

RECEIVED
District Health Officer No. 9,
District File Number MAY 13 1948
Date Filed

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.....

Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed Thomas J. Gates.....

Licensed Embalmer No. 4259.....

P. O. Address 4107.....

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.

No. 29
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. may
Registrar's No. 82

Registration District No. 310 Primary Registration District No. 3058

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

1. PLACE OF DEATH:
(a) County St Charles
(b) City or town St Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME May Kemp
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race B 6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive
7. Birth date of deceased May 16 1948
(Month) (Day) (Year)

8. AGE: Years 75 Months Days (Less than one day hr. min.)

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) May 3-1948 (b) Fannie Hamedter
(Date received local registrar) (Registrar's signature)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
immediate cause of death

Duration

Due to

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) 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

Signature (M. D. or other)

Address Date signed

SUPPLEMENTARY

5-13758