S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 15 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18280

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1296

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town St. Louis, Missouri Jefferson Brks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: VA Hospital, Jefferson Bks, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/22/48 to 5/22/48 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 8346 Jackson, Venita Village
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM F. KEMPER
3. (b) If veteran, name war SPAW
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Kemper
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased November (Month) 4 (Day) 1880 (Year)

8. AGE:	Years	Months	Days	If less than one day
67	67	6	18	hr. min.

9. Birthplace Black Jack (City, town, or county) Missouri (State or foreign country)
10. Usual occupation None
11. Industry or business
FATHER
12. Name August Kemper
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Wortmann
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jef.Bar
18. (a) Signature of funeral director Math Hermann - H.S.J
(b) Address 2161 E. Fair, St Louis Mo Math Hermann & Son
19. (a) 5-23-48 (Date received local registrar) (b) Carl A. Shaphard (Registrar's signature) M.S.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22
year 1948 hour 1:25 minute A.M.
21. I hereby certify that I attended the deceased from April 22, 1948, to May 22, 1948; that I last saw him alive on May 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma pancreas with generalized metastases	
Due to	
Due to 46 g	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Autopsy performed (see cause of death)	

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
23. Signature K B Coldwater M D (M. D. or other) MD
Address VA Hospital Jefferson Brks 5/22/48

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

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.