

04
39
906

24400

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 6 1948
STANDARD CERTIFICATE OF DEATH

State File No. **6508**

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 3146 Iowa Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 75 Years (Specify whether years, months or days)

In this community 75 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3146 Iowa Ave.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Margaret Kemper

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F. / 5. Color or race W.

6. (a) Single, widowed, married, divorced W. 2

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

7. Birth date of deceased Aug. 15th., 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>6</u>	hr. _____ min. _____

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Daniel Hamill

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

14. Maiden name Mary Murray

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

16. (a) Informant Miss Frances Kemper

(b) Address 3146 Iowa Ave.

17. (a) Burial (b) Date thereof 7-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 23 1948 (b) J. F. Bredack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 21st.,
year 1948 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 1947 to July 21, 1948
that I last saw her alive on July 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

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 John W. Danke (M. D. or other) MD.

Address 3318 S. Grand Date signed 7-23-48

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAKING A PERMANENT RECORD

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.