

FILED MAR 19 1949

STANDARD CERTIFICATE OF DEATH

State File No.

10274
2199

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				a. STATE Missouri		b. COUNTY <i>Mad</i>	
c. LENGTH OF STAY (In this place) Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				17 9	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3207 Pulaski Street				d. STREET ADDRESS (If rural, give location) 3207 Pulaski Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Christina		b. (Middle)		c. (Last) Klemp	
4. DATE OF DEATH		Month		Day		Year	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 8, 1864	
9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		9. IF UNDER 1 YEAR Months Days 0 26	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME (Ist Unknown) Staub		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Frederick H. Kemp (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME B.W. Sherrill	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
2. OTHER SIGNIFICANT CONDITIONS		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
3. ANTECEDENT CAUSES		22. I hereby certify that I attended the deceased from Jan 7, 1947, to Feb 3/4, 1949, that I last saw the deceased alive on 3/3, 1949, and that death occurred at _____ m., from the causes and on the date stated above.		23a. SIGNATURE J. J. Vignard, M.D.		23b. ADDRESS 5022 page a	
4. MEDICAL CERTIFICATION Chronic Myocarditis Arterial Sclerosis 720 10 H220		23c. DATE SIGNED 3/4/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 7, 1949	
5. DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) Lemay 23, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U&L Co	
6. DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.		25. FUNERAL DIRECTOR'S ADDRESS 7814 S. Bdwy St. L, Mo		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 7 1949 J. B. Sabater		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister U&L Co	

(Licensed Embalmer's Statement on Reverse Side)

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

2199

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.....

Student Embalmer No.

working under my personal supervision.

Signed *Harry J. Schumacher*

Signed.....
Student Embalmer

Licensed Embalmer No. *2679*

P. O. Address *7814 S. Broadway*

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.