

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19020

State File No. _____

FILED MAY 17 1950

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6078 Registrar's No. 28

0950

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

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>			2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>		
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>RURAL JACKSON TWP.</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL JACKSON TWP. 0950</u>		d. STREET ADDRESS (If rural, give location) <u>BROOMSDALE P.O. 0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u> b. (Middle) <u>CLEMENCE</u> c. (Last) <u>KEMPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 11 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1904 JAN 21</u>		9. AGE (In years last birthday) <u>56</u> If UNDER 1 YEAR Months Days If UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ANTON KEMPER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY KRITZER</u>		14. NAME OF HUSBAND OR WIFE <u>PANSY WEBER</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Pansy Kemper Broomdale Mo</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs.</u>
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple Carcinomatosis of Neck with obstruction of Oesophagus</u>			1991
		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Left head</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)		
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			

22. I hereby certify that I attended the deceased from MAY 9, 1950, to MAY 11, 1950, that I last saw the deceased alive on MAY 9, 1950, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur E. Seaman M.D.</u>		23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>5-11-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 13 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAWRENCE TON Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>LAWRENCE TON MO</u>		
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DATE REC'D BY LOCAL REG. <u>May 13, 1950</u>	REGISTRAR'S SIGNATURE <u>L. D. Keel</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>3504 Keel - Res. B. S. Keel, St. Genevieve Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

AUG 12 1950

OCT 17 1950

RECEIVED

MAY 15 1950

DISTRICT HEALTH OFFICE No. 2

FILE NO. 550-694

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Adrian J. Ehler

Signed.....

Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, Mo

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.