

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43302

State File No.

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 6111 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Commerce Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.R. #8 Butler Hill Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BILLINGS ISLAND</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joseph</u>	b. (Middle) <u>-----</u>	c. (Last) <u>Kempf</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>DEC. 6 1950</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Married</u> (Specify)	8. DATE OF BIRTH <u>Nov. 1, 1894</u>	9. AGE (In years last birthday) <u>56</u>	if UNDER 1 YEAR Months Days	if UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Master Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Portland Cement Co. Lemay, Mo.</u>	11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Andrew Kempf</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Bauer</u>	14. NAME OF HUSBAND OR WIFE <u>Susie Kempf</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>no none</u>	16. SOCIAL SECURITY NO. <u>488-03-1832</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Sisie Kempf Rt. Lemay 23, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8 892 8</u> <u>4 10</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Asphyxiation from Charcoal Bucket</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Burking in Pit for heat with out Air Vent.</u> 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Billing Island</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural Scott Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 6 50</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Loose Printing</u>
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22. I hereby certify that I attended the deceased from Jan 1, 1950 to Dec 6, 1950, that I last saw the deceased alive on Dec 6, 1950, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edie Poe</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Dekeston Mo</u>	23c. DATE SIGNED <u>12/15/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 11, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old St. Johns Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mehlville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec-20-1950</u>	REGISTRAR'S SIGNATURE <u>Mac Addee Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Myler Funeral Home, Dekeston Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 22 1950
SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1250-18

DEC 29 1950

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.

Student
Student Embalmer

Signed J. E. Matthe

Licensed Embalmer No. 4695

P. O. Address Scott County, 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.