

39239

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

9912

Registrar's No. ....

1003

318

REG. DIST. NO.

PRIMARY REG. DIST. NO.

BIRTH NO.

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

d. STREET ADDRESS (If rural, give location) 5889 Lotus

## 3. NAME OF DECEASED (Type or Print)

a. (First) Margaret

b. (Middle) Dorreta

c. (Last) Kemp

## 4. DATE OF DEATH

(Month) (Day) (Year) Nov. 6, 1951

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Widowed 2

## 8. DATE OF BIRTH

Jan. 27, 1854

## 9. AGE (In years last birthday)

97

## IF UNDER 1 YEAR

Months

## IF UNDER 24 HRS.

Days

## IF UNDER 1 MIN.

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (State or foreign country)

St. Louis, Mo.

## 12. CITIZEN OF WHAT COUNTRY?

## 13a. FATHER'S NAME

Joseph Sycamore

## 13b. MOTHER'S MAIDEN NAME

Caroline Rose

## 14. NAME OF HUSBAND OR WIFE

William H.

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT'S SIGNATURE OR NAME

Vincent K. Kemp 5889 Lotus

## ADDRESS

## 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, asthenia, etc. It means the disease, injury, or complication which caused death.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Coronary thrombosis

## ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## INTERVAL BETWEEN ONSET AND DEATH

24 hrs.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 7, 1949, to 6 Nov., 1951, that I last saw the deceased alive on 6 Nov., 1951, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

## 23a. SIGNATURE

*Luke A. Kresse, M.D.*

(Degree or title)

## 23b. ADDRESS

1506 Hordiamont Ave

## 23c. DATE SIGNED

7 Nov. 51

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

11/9/51

## 24c. NAME OF CEMETERY OR CREMATORY

Calvary Cemetery

## 24d. LOCATION (City, town, or county)

St. Louis, Mo.

## (State)

## DATE REC'D BY LOCAL REG.

NOV 8 1951

## REGISTRAR'S SIGNATURE

*J. Earl Smith, M.D.*

## 25. FUNERAL DIRECTOR'S SIGNATURE

*Chas. E. Smart*

## ADDRESS

1225 Union

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

FILED NOV 24 1951

**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

*Clement M. Gray*

Licensed Embalmer No. *3732*

P. O. Address

*St. Louis*

**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.