S. No. 300
V. 10.48

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

FILED AUG 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26615

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2021

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KIRKWOOD
c. LENGTH OF STAY (in this place): 29 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Agnes Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis 4673
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood 67 0
d. STREET ADDRESS (If rural, give location): 10341 Manchester Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Mathias
b. (Middle): Aloysius
c. (Last): Kempf

4. DATE OF DEATH (Month) (Day) (Year): July 28 1952

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 3 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 4, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Tret-O-Lite Co.
11. BIRTHPLACE (State or foreign country): St. Louis County Mo.
12. CITIZEN OF WHAT COUNTRY?: America

13a. FATHER'S NAME: Mathias Kempf
13b. MOTHER'S MAIDEN NAME: Magdelene Voelker
14. NAME OF HUSBAND OR WIFE: Johanna Kempf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-18-1267
17. INFORMANT'S SIGNATURE OR NAME: Johanna Kempf **ADDRESS**: Kirkwood 22 Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 4500
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerosis

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) m.
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* 5-31, 1952, *to* 7-25, 1952, *that I last saw the deceased alive on* 7-25, 1952, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Royal C. McKeon (Degree or title) MD
23b. ADDRESS: Kirkwood Mo
23c. DATE SIGNED: 7-28-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 30 1952
24c. NAME OF CEMETERY OR CREMATORY: St Joseph Cemetery
24d. LOCATION (City, town, or county) (State): Manchester Mo.

DATE REC'D BY LOCAL REG.: 7-28-52
REGISTRAR'S SIGNATURE: Herbert C. Donkel
25. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS**: Meyer-Pfitzinger Kirkwood 22 Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Pitzenger

Licensed Embalmer No. 4394

P. O. Address Kirkwood, 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.