

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED AUG 15 1952

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2043

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sappington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Miller Nursing Home		d. STREET ADDRESS (If rural, give location) 3415 Union Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) Caroline b. (Middle) --- c. (Last) Hempel			4. DATE OF DEATH (Month) (Day) (Year) July 29 1952		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Feb. 7 1864		9. AGE (In years last birthday) 88		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA		13. KIND OF BUSINESS OR INDUSTRY Home	

13a. FATHER'S NAME Unknown Kerchoff		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Franklin A. Hempel	
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 ADDRESS Robert Hempel, 7739 Kenridge Dr.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Heart and Kidney Disease			INTERVAL BETWEEN ONSET AND DEATH 6 Mo.
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 442X			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Arteriosclerosis			2 Yrs

19a. DATE OF OPERATION no		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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 Apr 21, 1951, to July 13, 1952, that I last saw the deceased alive on July 29, 1952, and that death occurred at 11:30am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. H. Walters M.D.		23b. ADDRESS 3608 So. Grand		23c. DATE SIGNED 7/30/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8/1/52		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine	
		24d. LOCATION (City, town, or county) St. Louis		(State) Mo.	

DATE REC'D BY LOCAL REG. 7-31-52		REGISTRAR'S SIGNATURE Herbert P. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd.	
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(Licensed Embalmer's Statement on Reverse Side)

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

1000
4

Dr. Walter Abel, at
Dr. Walters Office.
3608 So. Grand.

(2 to 4)

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

Warren A. Carver

Licensed Embalmer No. *3534*

P. O. Address _____

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.