

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22679**

FILED JUL 13 1953

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6095 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Farmington Rural St. Francois		c. CITY OR TOWN Glencoe	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri State Hospital No. 4		d. STREET ADDRESS Rural Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) ROLLA b. (Middle) c. (Last) KEMPER			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married (✓)	
8. DATE OF BIRTH June 1, 1879		9. AGE (In years last birthday) 74		10. UNDER 1 YEAR Days 0 Hours 29 Min.	
10a. USUAL OCCUPATION Farming and common labor.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Kemper		13b. MOTHER'S MAIDEN NAME Louisa Vogelpohl	
14. NAME OF HUSBAND OR WIFE Martha Krueger		15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Records, State Hospital No. 4, Farmington, Mo.		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute pulmonary thrombosis -- instantaneously.		19. INTERVAL BETWEEN ONSET AND DEATH	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Acute pulmonary thrombosis -- instantaneously.		19. INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary thrombosis -- instantaneously.		DUE TO (b) Arteriosclerotic Heart Disease - Unknown.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychosis.		DUE TO (c)	

19a. DATE OF OPERATION		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)		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 Feb. 14, 1952, to June 30, 1953 that I last saw the deceased alive on June 30, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John P. Brennan, M.D.		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 7-1-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-4-53		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Pond, Missouri	
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DATE REC'D BY LOCAL REG. July 1, 1953		REGISTRAR'S SIGNATURE Ether Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Schrader Funeral Home, Ballwin, Mo.		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1951 2 8 7PM

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 Paul K. Royal

Licensed Embalmer No. 4120

P. O. Address Franklin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.