No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10566

State File No. .....

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 681

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

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7915 TEASDALE COURT

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST. LOUIS
c. CITY OR TOWN UNIVERSITY CITY 4376 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 7915 TEASDALE COURT

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle)
c. (Last) KEMPLAND.

4. DATE OF DEATH (Month) (Day) (Year) MARCH 16, 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.
8. DATE OF BIRTH May 1, 1884.
9. AGE (In years last birthday) 69. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate Broker,
10b. KIND OF BUSINESS OR INDUSTRY Commercial.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME (Unknown) Kempland.
13b. MOTHER'S MAIDEN NAME (Unknown).
14. NAME OF HUSBAND OR WIFE Dorothy H. Kempland.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. 496-36-3596
17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothy H. Kempland, **ADDRESS** 7915 Teasdale Ct.,

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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio vascular Dis. — 5 years
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 4201
20. AUTOPSY? YES [ ] NO [X]

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* Jan, 1952, *to* 8 Mar, 1954, *that I last saw the deceased alive on* 8 Mar, 1954 *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John S. Skinner (Degree or title) 0
23b. ADDRESS 35 N. Central, Clayton Mo
23c. DATE SIGNED 3/17/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment.
24b. DATE 3/18/54.
24c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum.
24d. LOCATION (City, town, or county) (State) #7800 St. Charles Rock Road.

DATE REC'D BY LOCAL REG. 3/17/54
REGISTRAR'S SIGNATURE Herbert R. Somke, Jr.
25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons, **ADDRESS** 7233 Delmar Blvd

(Licensed Embalmer's Statement on Reverse Side)

135 No. Central
Dr: 9100.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Arnold W. Schoen

Licensed Embalmer No. 386

P. O. Address St. Lou

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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