

FILED FEB 9 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3309

State File No.

BIRTH NO. _____ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 541 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Florissant	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 days		4. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hosp.		STREET ADDRESS (If rural, give location) Route 1 Box 582	

3. NAME OF DECEASED (Type or Print) FRANK KEMPIN			4. DATE OF DEATH (Month) (Day) (Year) JAN. 14 1955		
a. (First)	b. (Middle)		c. (Last)		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 3, 1884		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Landscape Gardener	10b. KIND OF BUSINESS OR INDUSTRY Retired Gardener		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Charles Kempin		13b. MOTHER'S MAIDEN NAME Virginia Wimer		14. NAME OF HUSBAND OR WIFE Ina Kempin	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 490 20 7824	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ina Kempin Route 1 Box 582 Florissant			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC TAMPONADE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) RUPTURE OF DISSECTING ANEURYSM OF AORTA INTO PERICARDIUM DUE TO (c) PERICARDIUM II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 451X				INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION 1-13-55	19b. MAJOR FINDINGS OF OPERATION EXTRALUMINAL COMPRESSION OF RT ILLIAC ARTERY		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 1-13-, 1955, to 1-14-, 1955, that I last saw the deceased alive on 1-14-, 1955, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. G. Doubek M.D.		23b. ADDRESS 601 S. Brentwood Clayton, Mo.		23c. DATE SIGNED 1-14-55
24a. BURIAL, CREMATION, OR REMOVAL (Specify) removal	24b. DATE 1/17/55	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.	

DATE REC'D BY LOCAL REG. 1/17/55	REGISTRAR'S SIGNATURE Heather R. Sambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Muchholz Mortuary 5967W. Florissant		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

10020

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.....
Signature of Student Embalmer

Signed *Wilfred G. Buch*
Licensed Embalmer No... *45*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.