

FILED OCT 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31090

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7779**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**  
c. LENGTH OF STAY (In this place) **3 weeks**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **DePaul Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Mo.** b. COUNTY **St. Louis**  
c. CITY OR TOWN **Ferguson**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **36 Compton Ave.**

3. NAME OF DECEASED  
a. (First) **Virginia** b. (Middle) **M.** c. (Last) **Kempin**  
4. DATE OF DEATH (Month) (Day) (Year) **Sept 3 1955**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Aug. 3 1861** 9. AGE (In years last birthday) **94** If under 1 year: Months \_\_\_\_\_ Days \_\_\_\_\_ If under 2 hrs: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House Work** 10b. KIND OF BUSINESS OR INDUSTRY **home** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **John Wimer** 13b. MOTHER'S MAIDEN NAME **Sara Million** 14. NAME OF HUSBAND OR WIFE **Charles T. Kempin Decease**

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. **None** 17. INFORMANT'S SIGNATURE OR NAME **Sadie Boelhauf** ADDRESS **36 Compton Ferguson**

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Generalized carcinomatosis**  
INTERVAL BETWEEN ONSET AND DEATH **1 1/2 years**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) **Carcinoma pancreas** **Unknown**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **Generalized arteriosclerosis**  
**Previous cerebral vascular accidents.**

19a. DATE OF OPERATION **8/31/55** 19b. MAJOR FINDINGS OF OPERATION **Abdominal carcinomatosis - Carcinoma pancreas** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **157 X**

22. I hereby certify that I attended the deceased from **6-14, 1955**, to **9/3, 1955**, that I last saw the deceased alive on **9/2, 1955**, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Mildred J. Ferguson** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **Ferguson Mo.** 23c. DATE SIGNED **9/3/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Sept 6.55** 24c. NAME OF CEMETERY OR CREMATORY **Bellefontaine Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

DATE REC'D BY LOCAL REG. **SEP 6 1955** REGISTRAR'S SIGNATURE **J. Carl Smith m.d.** 25. FUNERAL DIRECTOR'S SIGNATURE **Buchholz Mortuary** ADDRESS **5967 W. Florissant**

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

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 *W.E. Morris* .....

Licensed Embalmer No. *336* .....

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.