

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31866

State File No. ....

FILED OCT 8 - 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 390 Registrar's No. 2240

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Berkley</u>	c. LENGTH OF STAY (In this place) <u>68 Days</u>	c. CITY OR TOWN <u>St. Louis</u>	d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penn Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>1305 Benton Street</u> <u>2169</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>C.</u> c. (Last) <u>KEMPER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>sept. 25/55</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 5th, 1894</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet Maker</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Kemper</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Sorgenfrie</u>	14. NAME OF HUSBAND OR WIFE <u>Aleta Kemper</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>Unknown</u> <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. R. Kemper</u>	ADDRESS <u>27 Grether, Ferguson, Mo.,</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhages</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio-vascular disease</u> DUE TO (c) _____		<u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Left hemiplegia H43X</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July 16, 1955, to Sept 25, 1955, that I last saw the deceased alive on Sept 20, 1955, and that death occurred at 8 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Littmann</u> (Degree or title) _____	23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>9/27/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 28/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.,</u>
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DATE REC'D BY LOCAL REG. <u>9-27-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domb...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leidner Undertaking C.</u>	ADDRESS <u>2223 St. Louis Ave.</u>
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S.C. (Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

**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 *J. Wm. Bentley*.....

.....Licensed Embalmer No. *36*.....

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.