No. 300
10.48

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

FILED JAN 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2866

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY St. ~~Louis~~ Mo.
b. CITY OR TOWN St. Louis Mo.
c. LENGTH OF STAY (In this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 32 St. Luke Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Florrissant b. COUNTY St. Louis
c. CITY OR TOWN Florrissant 4000
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 27 700 St. Patrice

3. NAME OF DECEASED (Type or Print)
a. (First) Clyde b. (Middle) W, c. (Last) Kemper

4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1957

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1
8. DATE OF BIRTH Oct. 21, 1919
9. AGE (In years last birthday) 37 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) Business Agent
10b. KIND OF BUSINESS OR INDUSTRY Teamsters 682
11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Edward Kemper
13b. MOTHER'S MAIDEN NAME Gerturde Marglous
14. NAME OF HUSBAND OR WIFE Lena Kemper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes | (If yes, give war or dates of service) War. 2
16. SOCIAL SECURITY NO. 488-12-3298
17. INFORMANT'S SIGNATURE OR NAME Lena Kemper **ADDRESS** 700 St. Patrice Florrissant

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 Thrombosis; fracture of Left Femur; suffered in

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) collision between car operated by deceased and car operated

DUE TO (c) one Claude Trowell Jr., in the vicinity of Adis Lane

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing it.* Lindberg Blvd., St Louis County

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION about 8:50 pm. December 24th 1956. 816.4
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Blvd
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 400 (STATE) St Louis County Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 24 56 8:50 p.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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE James M Kelly ~~Deputy~~ Coroner (Degree or title) 3
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 1-4-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 5, 1957
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) St. Louis, Mo (State) St. Louis

DATE REC'D BY LOCAL REG. JAN 4 1957
REGISTRAR'S SIGNATURE L Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Miceli 1150 No. Kingshighway

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Anthony J. Mucci

Licensed Embalmer No. 427

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.