

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027824  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1941

1. PLACE OF DEATH  
a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton Inside Limits Yes  No   
c. CITY OR TOWN Affton 4820 Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9324 McKenzie Rd Length of stay in 1b 5 Years  
d. STREET ADDRESS (If outside, give location) 9324 McKenzie Rd Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
ROLAND FRANK KUMPF JULY 23 1958

5. SEX Male C 6. COLOR OR RACE White 7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED   
8. DATE OF BIRTH 1-9-1901 9. AGE (In years last birthday) 57 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) Bank Teller 10b. KIND OF BUSINESS OR INDUSTRY Gravois Bank 11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Peter Kumpf 13b. MOTHER'S MAIDEN NAME Mae Rogan 14. NAME OF HUSBAND OR WIFE Margaret Kumpf

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 498-12-0309 17. INFORMANT Margaret Kumpf Address 9324 McKenzie Rd Affton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Bronchogenic Carcinoma INTERVAL BETWEEN ONSET AND DEATH 3 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 1621

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) St.aphylococcus aureus 19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT SUICIDE HOMICIDE    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Nov 1932 to July 58 and last saw her alive on July 19 1953  
Death occurred at 6:45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNED  
Herbert R. Drake M.D. M.D. 558 No Grand 7/15/58

23a. BURIAL CREMATION, REMOVAL, etc. Removal 23b. DATE 7-25-1958 23c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard 23d. LOCATION (City, town, or county) (State) 7600 Rock Hill Road Mo

FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE  
Riegerheim Bros 6409 Gravois Ave 7-24-58 Herbert R. Drake M.D.

(Licensed Embalmer's Statement on Reverse Side)

S. 300 1-57  
11 Till 1  
JE 3-5687  
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

