MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032596
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8334

FILED AUG 31 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF
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	90	

DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 82 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4160 Peck Street — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: None
c. CITY OR TOWN: St. Louis — Inside Limits: Yes XX No ☐
d. STREET ADDRESS (If outside, give location): 4160 Peck St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First HARRY Middle J. Last KEMNA
4. DATE OF DEATH: Month August Day 25 Year 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-9-1880
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpet Layer
10b. KIND OF BUSINESS OR INDUSTRY: Carpet
11. BIRTHPLACE (City and state or country): St. Louis, Missouri U.S.A.
12. CITIZEN OF WHAT COUNTRY
13a. FATHER'S NAME: Frank Kemna
13b. MOTHER'S MAIDEN NAME: Elizabeth Beckman
14. NAME OF HUSBAND OR WIFE: Anna Kemna
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Anna Kemna, 4160 Peck Street — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of right lung c̄ metastases — INTERVAL BETWEEN ONSET AND DEATH: One year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 163x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT 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 April 16, 1962, to Aug 25, 1962 and last saw ~~him~~ him alive on Aug. 25, 1962
Death occurred at 1 p. m. on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE: John Doe M.D. (Degree or title)
22b. ADDRESS: 4703 Carter Ave St Louis
22c. DATE SIGNED: 8-27-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-28-62
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Stock Mortuaries — ADDRESS: 2117 E. Grand Blvd.
25. DATE RECD. BY LOCAL REG.: AUG 27 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

DR. JOHN FORTI
4703 Carter
Ev. 1-5677

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 Paul A. Wadstein

Licensed Embalmer No. 7787

P. O. Address St Louis Mo

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.