

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

10559

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis (No. 4272 Flora Blvd)
 Registration District No. 731
 Primary Registration District No. 1008
 File No.
 Registered No. 2365
 St. Ward)

2. FULL NAME

William Kemp

(a) Residence. No. 4272 Flora Blvd 10 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Leath Mahoney Kemp

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 3

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Storero-Tin 46B
 (b) General nature of industry, business, or establishment in which employed (or employer) MEB
 (c) Name of employer V.P. Kemp & Co 930

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

10. NAME OF FATHER L. W. Kemp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

12. MAIDEN NAME OF MOTHER Mary Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Louis

14. INFORMANT Catherine Kemp
 (Address) 4272 Flora Blvd

15. FILED MAR 23 1923 Mar 6 Starkopf
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 3, 1923
 17. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1922, to March 3, 1923, that I last saw him alive on March 3, 1923, and that death occurred, on the date stated above, at 4:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Carcinoma Hepatic (Gall Bladder)
Gastric
Cardiac Myocardium
 (duration) 1 yrs. 6 mos. da.

CONTRIBUTORY (SECONDARY) None
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? No

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Lab
 (Signed) P. Haugh, M. D.
3/4, 1923 (Address) 5812 Delmar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem DATE OF BURIAL 3/6 1923

20. UNDERTAKER Thos J. Mall ADDRESS 1519 S Grand