

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29572

State File No. 7364
Registrar's No. 1003

FILED AUG 23 1952

BIRTH NO. NR REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. Louis Mo</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St, Anthony Hosp,</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St, Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>4674 Hanover</u>	

3. NAME OF DECEASED a. (First) <u>Joseph</u> (Type or Print)		b. (Middle) <u>Hempfen</u> (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>7-31-1952</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>7-29-1952</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Gilbert B Hempfen</u>	13b. MOTHER'S MAIDEN NAME <u>La Vern Leroy</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gilbert B Hempfen 4674 Hanover</u>
---	--	--

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		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Kernicterus</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Erythroblastosis Fetalis</u>		<u>2 days</u>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>770 ft</u>
--	--	---

22. I hereby certify that I attended the deceased from 29 July, 1952 to 31 July, 1952, that I last saw the deceased alive on 31 July, 1952 and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert John Burdke M.D.</u>	(Degree or title)	23b. ADDRESS <u>16 Hampton Village Plaza</u>	23c. DATE SIGNED <u>31 July 52</u>
--	-------------------	---	---------------------------------------

24a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>Reinterment</u>	24b. DATE <u>8-1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Lemay Mo</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>JUL 31 1952</u>	REGISTRAR'S SIGNATURE <u>Dr. J. Carl Smith MO</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingbermuehle 3819 S Grand Blvd</u>
--	--	--

H-T. (Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed

Geo J. Myburgh

Licensed Embalmer No. 4611

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 this body is not embalmed, fact should be so stated above.