

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

2578

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1008
City St. Louis, Mo. (No. Mo. Baptist Hoff)

File No.
Registered No. : 271
St. Ward)

2. FULL NAME

Emily Keiner

(a) Residence, No. 4376 De Soto ave St. 9 Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Keiner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 - 1888</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>11</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>J. Becker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Louis Keiner</u> (ADDRESS) <u>4376 De Soto ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE: <u>Calvary</u> DATE <u>Jan 11, 1932</u>		
19. UNDERTAKER <u>By Leidner and Co</u> (ADDRESS) <u>1457 N. Market St</u>		
20. FILED <u>JAN - 9 1932</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932, to Jan 8, 1932.
I last saw her alive on Jan 7, 1932. Death is said to have occurred on the date stated above, at 2:15 A. m.
The principal cause of death and related causes of importance were as follows:
Myocarditis chronic Date of onset 12/10/1931
12/10/1931
9/2/1931
1/24/32

Other contributory causes of importance:
cirrhosis of liver

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Robert D. Sanders, M. D.
(Address) 145 E. N 15

Dr. Alexander