

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

Do not use this space. T.

5829

1. PLACE OF DEATH

92 County St Charles Registration District No. 757
 4 Township St Joseph Hosp Primary Registration District No. 3036
 8 City St Charles (No.), St. Ward)

File No.
 Registered No. 70

2. FULL NAME

Fred Keder
 (a) Residence. No. St Peter mo St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 yrs. ✓ mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Mrs. Caroline Keder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, X hrs. or min.
72 10 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) —
 (c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Germany 10
 (STATE OR COUNTRY)

10. NAME OF FATHER Fred Keder

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

12. MAIDEN NAME OF MOTHER Neigel

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

14. INFORMANT Mrs. Caroline Keder
 (Address) St Peter mo

15. FILED 7/16 37 H. H. Bloebaum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 15 1937

17. I HEREBY CERTIFY, That I attended deceased from Feb 8-1937 to Feb 15 1937
 that I last saw him alive on Feb 15 1937, and that death occurred, on the date stated above, at 1:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of prostate
 (duration) 7 yrs. - mos. - ds.
 CONTRIBUTORY renal arterio sclerosis
 (SECONDARY) (duration) 5 yrs. - mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-13-37

WAS THERE AN AUTOPSY? Yes (1)

WHAT TEST CONFIRMED DIAGNOSIS? Biopsy

(Signed) Regina J. Parry M. D.

Feb 15 1937 (Address) St. Joseph Hosp. St. Charles

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Colltonville mo. DATE OF BURIAL 7/18 1937

20. UNDERTAKER E. D. Keittly ADDRESS Pallau mo

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.

WRITE COMPLETELY WITH UNFADING INK—THIS IS A PERMANENT RECORD

NO 24 1937

