

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

Do not use this space.

37139

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... *St. Louis, Mo.* (No. *Seasons Hoop*)..... St. Ward.....

File No.....
Registered No. **9749**
St. Ward.....

2. FULL NAME

John Keller
(a) Residence, No. *4124 Labadie Ave.* St. *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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Elizabeth Keller</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Oct 23 - 1853</i>		
7. AGE	YEARS <i>79</i>	MONTHS <i>-</i>
	DAYS <i>8</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labour Park</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>city</i>
	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) *Alton, Louisiana 9*

MOTHER FATHER 13. NAME *Not known*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 15*

MOTHER 15. MAIDEN NAME *Not known*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT *Elizabeth Keller*
(ADDRESS) *4124 Labadie Ave*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *St. Peters* DATE *Nov 4* 19*32*

19. UNDERTAKER *Thy. Leidner Ind. Co.*
(ADDRESS) *217 N. Market St.*

20. FILED *NOV - 3 1932*
W. C. Stover
Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 1st* 19*32*

22. I HEREBY CERTIFY That I attended deceased from *Oct 7th* 19*32* to *Nov 1st* 19*32*
I last saw him alive on *Nov 1st* 19*32*. Death is said to have occurred on the date stated above, at *6:15 P.M.*

The principal cause of death and related causes of importance were as follows:

Pneumonia (Lobar) Date of onset *10/29*

100
137
137

Other contributory causes of importance:
Hypertrophy of Prostate
Cystitis
Uræmia ①

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Orlando S. Gibson*, M. D.
(Address) *St. Louis, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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