

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

Do not use this space.

2005

1. PLACE OF DEATH

50 County Jefferson Registration District No. 421
Township Goldchum Primary Registration District No. 5575
City Crystal City (No. _____ St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 <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>Chas Keehn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1849</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>5</u>
	DAYS <u>19</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.	
	10. Date deceased last worked at this occupation (month and year) <u>Apr 13 1932</u>	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill prussia</u>		
MOTHER FATHER	13. NAME <u>Anton Braun</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Matilda Weilder</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Yenevier mo</u>	
17. INFORMANT (ADDRESS) <u>Chas. Keehn Festes mo R# 2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Festes mo</u> DATE <u>Jan 16 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Drester + Vinyard Festes mo</u>		
20. FILED <u>Jan 16 1933</u> <u>J. C. Rutledge</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10 1933 to May 14 1933
Last saw h. alive on May 10 1933. Death is said to have occurred on the date stated above, at 3:15 m.
The principal cause of death and related causes of importance were as follows:
Cordiac Thrombosis
11B
95B/50
Other contributory causes of importance:
Influenza

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) J. J. Dorell M. D.
(Address) Crystal City 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.

WHILE I LIVE, WITH MY FADING VISION, THIS IS A PERMANENT RECORD

