

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

Do not use this space.

11939

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 203
City St. Louis (No. 1415 , So. 12th St. Ward)

File No.
Registered No. 3062
St. Ward)

2. FULL NAME Morton E. Keller

(a) Residence, No. 1415 So. 12th St., 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 11 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookbinder

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) Monroe County Michigan

MOTHER FATHER 13. NAME John G. Keller

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary Kirke

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Ohio

17. INFORMANT Miss Mary Keller
(ADDRESS) 1415 S 12th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE April 3 19 35

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 1636 Townsend Ave

20. FILED APR 31 1935 W. E. C. F. H. G. Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1935

22. I HEREBY CERTIFY, That I attended deceased from March 26th 1935, to March 31st 1935

I last saw him alive on March 31st 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Amatnosis
118 1030 162
Other contributory causes of importance;
Charlton following Hemorrhage

Name of operation Date of
What test confirmed diagnosis? Urinal 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) M. D. Sturges, M. D.
(Address) 912 Carlisle Bldg.

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 PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

