

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

Do not use this space.

14536

1. PLACE OF DEATH
 95 County St. Louis Registration District No. 1170
 7 Township Central Primary Registration District No. 6290
 7 City Richmond Hts (No. St. Marys Hosp.) St. 78A Ward

2. FULL NAME Charles E. Keefer
 (a) Residence, No. 7056 Doris Court 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Anna Keefer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
61 0 15

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

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

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) Germany

13. NAME Gottlieb Keefer

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

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs. Anna Keefer (ADDRESS) 7056 Doris Court

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE April 15, 1933

19. UNDERTAKER Geo. L. Pleitach Inc (ADDRESS) 5966 Eastern Ave.

20. FILED 4/12/33 1933 Rott J. Ambrose Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1933

22. I HEREBY CERTIFY, that I attended deceased from 2-14-, 1933 to 4-12-, 1933
 I last saw him alive on 4-12-, 1933. Death is said to have occurred on the date stated above, at 1:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Gastric ulcer, ?
operation for 1-
bleeding stomach-
 Other contributory causes of importance:
Possibly resulted from
drinking muriatic acid, 2/4/33,
altho he had recovered from it.
 Name of operation Gastro-enterostomy Date of 4-12-33
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Drank muriatic acid Date of injury 2-14-1933
 Where did injury occur? his home, St. Louis, County, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
in home.
 Manner of injury Drank acid, accident or suicide
 Nature of injury not known, coroner was notified, but declined to investigate after some time.

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) Charles F. Sherman, M. D.
 (Address) 3720 Washington Blvd
St. Louis, Mo.

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.

MAY 24 1933

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MARGIN RESERVED FOR BINDING

V. S. NO. 2

Dr. C. T. Anderson
3720 Washington
3/25