

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

Do not use this space.

**24910**

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 22  
 City St. Louis (No. Deaconess Hospital) St.          Ward         

File No.           
 Registered No. 6327

**2. FULL NAME** Frederick H. Keuthan

(a) Residence, No. 3935 Botanical St. 17 Ward.          (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>Male</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>Lizzie A.</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 19, 1850</u>				
7. AGE YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>1</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>Retired Hardware</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>man</u>			
	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) Ohio

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT Clara A. Keuthan (ADDRESS) 3935 Botanical

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla DATE July 21, 1933

19. UNDERTAKER Atwood & Co. (ADDRESS) 2707 N. Grand St.

20. FILED          1933 J. Bredeck Registrar.

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1933

22. I HEREBY CERTIFY, that I attended deceased from April 1, 1933 to July 20, 1933  
 I last saw him alive on July 19, 1933 Death is said to have occurred on the date stated above, at 7:00 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
arteriosclerosis  
930  
97  
10%  
Hypertension

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?  
 If so, specify           
 (Signed) L. H. Chapman M. D.  
 (Address) 203 Business 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. AGE 26

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