

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. 3415 Abner Pl.)..... St. .... Ward.....

File No. 25145  
Registered No. 6568  
St. .... Ward.....

**2. FULL NAME**

Leonard Keitel  
(a) Residence, No. 3415 Abner Pl. St. 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
65 1 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self  
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 Fred Keitel

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Emma Keitel (wife)  
(ADDRESS) 3415 Abner

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 7/31/33

19. UNDERTAKER Drehmann Haxral  
(ADDRESS) 1905 Union

20. FILED JUL 29 1933 J. F. Bredick  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

No physician in Attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28 1933

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebellar Haemorrhage  
10/2  
Other contributory causes of importance:  
High Blood Pressure 2yr.  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?  
If so, specify.....  
(Signed) Herald P. Schulz  
(Address) Dputy Sheriff  
7/29/33

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.

AUG 26 1933

