

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.

MAR 24 1934

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

Do not use this space.

7162

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St. Louis (No. 1020 Allen Ave) St. .... Ward) Registered No. **2045**

2. FULL NAME

Frances Keller  
(a) Residence, No. 1020 Allen Ave. St. 23 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1904  
7. AGE YEARS 31 MONTHS 28 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO.

MOTHER 13. NAME John Bahlmann  
14. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY) .....  
15. MAIDEN NAME Theresa Saake  
16. BIRTHPLACE (CITY OR TOWN) MO. (STATE OR COUNTRY) .....

FATHER 17. INFORMANT Arthur Keller (ADDRESS) 1020 Allen Ave  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul DATE March 1, 1934

19. UNDERTAKER Thos. Kutis (ADDRESS) 2906 Gravois Ave  
20. FILED FEB 27 1934 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 25, 1934  
22. I, HEREBY CERTIFY, That I attended deceased from Feb. 10, 1934 to Feb. 23, 1934  
I last saw h. e. s. alive on Feb. 21, 1934 Death is said to have occurred on the date stated above, at 11:30 P. m.

The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:  
23A  
23

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 Pulm. T. Tuberculosis, M. D.  
(Signed) J. H. Winberg  
(Address) 2000 S. 9th St.

