NOV 13 1934

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

Do not use this space.

38014

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10503

City St Louis (No. City Hosp #1 St. ..... Ward)

11590

2. FULL NAME Myrtle Keller

(a) Residence, No. 2832a S Jefferson St. Ward 24
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W.	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William C. Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5 1884

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
5 50	~~49~~	5	24	

OCCUPATION

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

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) (STATE OR COUNTRY) Illinois

FATHER

13. NAME Milas Earnhardt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina Unknown

MOTHER

15. MAIDEN NAME Martha Zimmerman

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

17. INFORMANT (ADDRESS) Hosp Lib M Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL

PLACE U Mathews DATE 10-31 1934

19. UNDERTAKER (ADDRESS) Witt Bros. Lx U Co. 2929 S Jefferson Ave

20. FILED OCT 31 1934 19 J S Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/10, 1934, to 10/29, 1934

I last saw her alive on 10/29, 1934. Death is said to have occurred on the date stated above, at 10:50 m.

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

Carcinoma of Cervix 48

Date of onset

Other contributory causes of importance: Peritonitis

Name of operation ..... Date of .....

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? ..... 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) D. B. Elrod, M. D.

(Address) City Hosp #1

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.

FORM-11-24-33