

APR 9 1935

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. **1003**
Township..... Primary Registration District No.....
City *St. Louis* (No. *St. Lukes Hospital*) (St.) Ward.....

File No. **10937**
Registered No. **2566**

2. FULL NAME

(a) Residence, No. *661 Polo Dr* St. *NR* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Divorced</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Mortimer P. Linn</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 24-1867</i>		
7. AGE	YEARS	MONTHS
	<i>67</i>	<i>8</i>
		DAYS
		<i>24</i>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at Home</i>	
	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) <i>Edwardsville Illinois</i>		
FATHER	13. NAME <i>Alonzo Keller</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Switzerland</i>	
MOTHER	15. MAIDEN NAME <i>Unknown McCorkle</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT <i>V. A. Linn</i> (ADDRESS) <i>661 Polo Dr</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Edwardsville Ill</i> DATE <i>Mar 19 1935</i>		
19. UNDERTAKER <i>O. R. Reupont & Sons</i> (ADDRESS) <i>4419 Olive St</i>		
20. FILED <i>MAR 18 1935</i> <i>J. F. Briedeck</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 18 1935*

22. I HEREBY CERTIFY, That I attended deceased from *March 14 1935*, to *March 18 1935*
I last saw her alive on *March 17 1935*. Death is said to have occurred on the date stated above, at *2:30 Am*.
The principal cause of death and related causes of importance were as follows:
Arteriosclerosis; Left hemiplegia due to stroke; Coronary thrombosis; Secondary death myocardial

Other contributory causes of importance:
Pelvic tumor undiagnosed? Type of tumor unknown. Located in stomach.

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.....
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? *no*
If so, specify.....
(Signed) *W. H. Hamilton* M. D.
(Address) *St. Louis Mo.*

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.

RECORD

864 Hamilton

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ca. 2354