

JAN 16 1936

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

Do not use this space.

40853

1. PLACE OF DEATH

County St. Genevieve Registration District No. 781  
Township Beaumont Primary Registration District No. 6027  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Edna Catherine Keller

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30 1914</u>		
7. AGE	YEARS	MONTHS
	<u>21</u>	<u>2</u>
		DAYS
		<u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>at home</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve Missouri</u>		
13. NAME <u>Frank A Keller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wentzester Missouri</u>		
15. MAIDEN NAME <u>Veronica Krayer</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannuettan Missouri</u>		
17. INFORMANT (ADDRESS) <u>Frank A Keller St. Mary's Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ozong Mo</u> DATE <u>Dec 16 35</u>		
19. UNDERTAKER (ADDRESS) <u>Paul Cashner St. Genevieve Mo</u>		
20. FILED <u>12/14 1935</u> <u>John Thomas</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1934 to Dec 13 1934  
I last saw her alive on Dec 13 1934. Death is said to have occurred on the date stated above, at 9 P. m.  
The principal cause of death and related causes of importance were as follows:  
Influenza  
acute Bronchitis  
Chronic Endocarditis (Rheumatic)  
Acute Pneumonia

Date of onset 11/28/34

Other contributory causes of importance:  
Chronic Endocarditis (Rheumatic) 1923  
Acute Pneumonia 12/13/34

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? no  
If so, specify \_\_\_\_\_  
(Signed) R. W. Lanning M.D.  
(Address) St. Genevieve, 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.

11-11-12