

FEB 26 1936

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

Do not use this space.

7873

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3717 So. Jefferson Ave.**)

File No.....
Registered No. **1542**
St. Ward

2. FULL NAME

George Keller

(a) Residence, No. **3717 So. Jefferson Ave.** **24** 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.**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Carrie Keller**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 19, 1875.**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	60	2	19	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Day laborer**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Public Service**
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, Mo.**
(STATE OR COUNTRY)

FATHER 13. NAME **John Keller.**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Elisabeth Kunz.**

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

17. INFORMANT **Carrie Keller**
(ADDRESS) **3717 So. Jefferson Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Jefferson Barracks Feb. 12, 1936**

19. UNDERTAKER **J. H. Gellman & Co.**
(ADDRESS) **2842 Meramec St.**

20. FILED **FEB 11 1936**
J. T. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 8, 1936**

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 **11:00 P. m.**
The principal cause of death and related causes of importance were as follows:

*aneurysm of Aorta,
for Parenchymatous
Nephritis*

Date of onset

Other contributory causes of importance:

96

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) **John J. Sweeney**, M.D.
J. Deputy
(Address) **2/11/36**

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.

