JUN 6 1936

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

791
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Do not use this space.
21315

File No.
Registered No. 5526

1. PLACE OF DEATH

County
Township
City St. Louis (No. St. Paul Hospital St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Elizabeth Keisker

(a) Residence, No. 3924 N. 25 St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 84 yrs. 2 mos. 19 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 6, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
84	2	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): St. Louis, Mo.

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): George Keisker 3924 N. 25 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE May 28, 1936

19. UNDERTAKER (ADDRESS): Sundmeyer & Sons 3934 N. 20 St.

20. FILED MAY 26 1936 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 6, 1936, to May 25, 1936
I last saw her alive on May 25, 1936. Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Hypostatic Pneumonia	5/22/36
Other contributory causes of importance: Fracture of Femur	4/6/36
Senility	?

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~~? Acc. Date of injury 4/6, 1936
Where did injury occur? St. Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place? In home slipped on floor
Manner of injury: Fall
Nature of injury: Fractured Femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:

(Signed) Arthur H. deMasy, M. D.
(Address) 4046 N. Grand Bl.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD