

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

Do not use this space.

AUG 18 1936

28791

**1. PLACE OF DEATH**

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

Registration District No. 79E  
Primary Registration District No. 1003

File No. 7557  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

GEORGE G. KEIM,

(a) Residence, No. 4308 N. Broadway St. 9 Ward. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1912

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
23 9 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Patrol Wagon  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. 2 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER 13. NAME Louis Keim

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

MOTHER 15. MAIDEN NAME Elizabeth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

17. INFORMANT (ADDRESS) Louis Keim 4308 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens DATE July 18, 1936

19. UNDERTAKER (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED JUL 17 1936 J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936  
No physician in attendance.

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 7:15 P. M.

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

Gangrene of left arm and General Septicaemia following compound fracture of left arm, received in a collision between two automobiles in St. Louis, Mo. Deceased was driving one of the autos. ACCIDENT.

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? Accid Date of injury 7/11/36  
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 Public Place.

Manner of injury Collision between 2 autos.  
Nature of injury Fracture of Left Arm.

24. Was disease or injury in any way related to occupation of deceased? Yes.  
If so, specify Deceased was a patrol wagon driver

(Signed) J. Bredeck Registrar. (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.

