

SEP 29 1936

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 790
 Township Clayton Primary Registration District No. 220
~~City - St. Louis, County~~ (No. St. Louis, C. County Hospital)

File No. 32293
 Registered No. 312
 St. _____ Ward _____

2. FULL NAME Jacob J. 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 Male 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 Bertha Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3rd, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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.

13. NAME Jacob Keller

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

15. MAIDEN NAME Elizabeth Meyerhoffer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs. R. P. Anderson
 (ADDRESS) 4119 W. Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Memorial Park DATE 6/15/36

19. UNDERTAKER Frost and Co
 (ADDRESS) 3718 Grand

20. FILED 8/15/1936 Dr. J. Segonelle
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/14/36 . 19

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 9:50A.M

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

Fracture of skull, Ramified and depressed --entire vault, causing bilateral maceration of cerebellum with hemorrhage, caused by fall backward down

Other contributory causes of importance:
flight of basement stairs, while attempting to carry two cases of empty beer-bottles in tavern.

Name of operation OVER Date of _____
 What test confirmed diagnosis? autopsy 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 _____ 8/15/36
 (Signed) J. Segonelle M. D.

(Address) 3718 Grand
Coroner & Board of Health

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.

Secondary; Masceration of brain multiple
skull fracture, cerebral hemorrhage, shock.
Was taken to County hospital and died
within 45 minutes after entering.