

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** (No. **4552 St. Ferdinand**) St. Ward)

File No.
Registered No. **10781**

2. FULL NAME **Emma Keitel**

(a) Residence, No. **4552 St. Ferdinand** St. **11** Ward.
(Usual place of abode)
Length of residence in city or town where death occurred **71** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 **Oscar Keitel**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 27th 1865**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 6 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
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 **Gottfreid Frueck**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Magdalena**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT **Victor Keitel (Son)**
(ADDRESS) **5088 Claxton Ave.**

18. BURIAL (NAME OF THE BURIAL PLACE) **Lebanon, Ill** DATE **Oct. 30th 1936**

19. UNDERTAKER (ADDRESS) **Wm. W. J. Inc. 3402 N. Kingshighway**

20. FILED **OCT 28 1936** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 27 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 26 1936** to **Oct 27 1936**
I last saw him alive on **Oct 27 1936**. Death is said to have occurred on the date stated above, at **9:52 a.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 11/24/35
Date of onset
Other contributory causes of importance:
Chronic Myocarditis 11/24/35

Name of operation **No** Date of **Equal finding**
What test confirmed diagnosis? **No** 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) **Geo. B. Hoeger**, M. D.
(Address) **3442 Franklin**

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.

