

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

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.

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.....)

Registration District No. 791
Primary Registration District No. 1003
DePaul Hospital

File No. 10835
Registered No. 3409
St. Ward)

2. FULL NAME Olinda L. Keim

(a) Residence, No. St. NR Ward. Marissa, Illinois
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>November 28th, 1897</u>				
7. AGE	YEARS <u>39</u>	MONTHS <u>4</u>	DAYS <u>0</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lenzburg, Illinois</u>			
	13. NAME <u>William Keim</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Caroline Ahlers</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lenzburg, Illinois</u>			
17. INFORMANT <u>Fred W. Keim</u> (ADDRESS) <u>Marissa, Illinois</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lenzburg, Ill.</u> DATE <u>March 31</u> , 19 <u>37</u>				
19. UNDERTAKER <u>Albert H. Hoppe Inc.</u> (ADDRESS) <u>429 N. Euclid Avenue</u>				
20. FILED <u>MAR 29 1937</u> <u>J. A. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-10, 1937, to 3-28, 1937
I last saw her alive on 3-28, 1937 Death is said to have occurred on the date stated above, at 7:00 P.M.
The principal cause of death and related causes of importance were as follows:
Aggravated
3H
Other contributory causes of importance:
Swiss
Date of onset 3-10-37
1935

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L Date of injury L, 19.....
Where did injury occur? L
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury L
Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Ray Johnson, M. D.
(Address) Ferguson, Mo.

