

AUG 30 1937

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

Do not use this space.

28338

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton

Registration District No. 790
Primary Registration District No. 60337
(No. St. Louis Co. Hosp.)

File No.
Registered No. 230
St. Ward)

2. FULL NAME Helen Hogan Keller

(a) Residence, No. 1185 Hodiament Ave. St. Ward.
(Usual place of abode)

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. (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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 2 6

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

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) Illinois

13. NAME James C. Hogan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Anna Belle Benjamin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. H. L. Maisch
(ADDRESS) 4651 Wilcox Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cent. DATE 7-7 1937

19. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED 7/6 Dr. Gray Sigorelli
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/4 1937

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 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Automobile Collision Date of onset 7/4/37
while driving on road outside on a public highway.

Other contributory causes of importance:

Dr. Ernest Klein 7/4/37

Name of operation Date of
What test confirmed diagnosis Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 7/4 1937
Where did injury occur? Manhattan, Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Auto Collision
Nature of injury Fractured Head

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

(Signed) John C. Lamer M. D.
(Address) Lamar, St. Louis County

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.

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