

NOV 15 1937

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

35648

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791 1003**  
 (b) Township..... Primary Registration District No. ....  
 (c) City **St. Louis, Mo.** (d) Street No. **4158a Westminster** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **A. Grant Keith**

(a) Residence, No. **4158a Westminster** St. **19**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 9th, 1864**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**73 0 21**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **(Retired)**  
 10. Date deceased last worked at this occupation (month and year) **About 1927**  
 11. Total time (years) spent in this occupation **40 yrs**

12. BIRTHPLACE (CITY OR TOWN) **Du Quoin,**  
 (STATE OR COUNTRY) **Illinois**

13. NAME **Pleasant Keith**

14. BIRTHPLACE (CITY OR TOWN) **Du Quoin,**  
 (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Martha Spann**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
 (STATE OR COUNTRY)

17. INFORMANT **Mrs Cora Keith**  
 (ADDRESS) **4158a Westminster**

18. BURIAL, CREMATION, OR REMOVAL

PLAC **Pinckneyville, Ill.** DATE **October 3** 19 **37**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,**  
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **OCT 1 1937** **J. Budeck**  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **September 30th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **June 1** 19 **37** to **Sept 30** 19 **37**  
 I last saw him alive on **Sept 30** 19 **37** Death is said to have occurred on the date stated above, at **9:30 p.m.**  
 The principal cause of death and related causes of importance were as follows:

Date of onset **9-30-37**  
**Cerebral Hemorrhage**  
 Other contributory causes of importance:  
**arterial hypertension 1931**  
**arteriosclerosis 1934**

Name of operation **none** Date of **no**  
 What test confirmed diagnosis? **showed** 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?  
 If so, specify **W. B. Hoppe Inc.**  
 (Signed) **W. B. Hoppe Inc.** M. D.  
 (Address) **4500 Belmont St.**

STATEMENT BY LICENSED EMBALMER

I, Benj. C. Duncan, Licensed Embalmer No. 2272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Benj. C. Duncan

Licensed Embalmer No. 2272

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**