

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.

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

DEC 13 1937

39266
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis,** (d) Street No. **Lutheran Hospital** St. **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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Keim

(a) Residence, No. **802 Russell Ave.** St. **23**
(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 **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 **John Keim**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 26, 1853.**

7. AGE YEARS **84** MONTHS **3** DAYS **7** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At home**
9. Industry or business in which work was done, as 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) **Bohemia.**

FATHER 13. NAME **Dont Know.**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

MOTHER 15. MAIDEN NAME **Dont Know.**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Dont Know.**

17. INFORMANT **John P. Keim**
(ADDRESS) **4336 So. Compton Ave.**

18. BURIAL, CREMATION, OR REMOVAL **SS. Peter & Paul Cem. DATE Nov. 5, 1937.**

19. FUNERAL DIRECTOR **J. H. Gebert & Co.**
(ADDRESS) **2842 Meramec St.**

20. FILE NO. **NOV 4 1937** **Jes Bredeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 3** 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **May 28**, 19**37**, to **Nov 3**, 19**37**;

I last saw her alive on **May 3**, 19**37**. Death is said

to have occurred on the date stated above, at **8:55 A.** m.

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

Lobar Pneumonia
Rt. Lower lobe Date of onset **4 days**

Other contributory causes of importance:

Senility

Name of operation Date of

What test confirmed diagnosis? 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) **R. Brown**, M. D.

(Address) **2002 So Broadway**

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken Licensed Embalmer No. 2120

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

Herman A. Gebken

Licensed Embalmer No. 2120

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.)