DEC 13 1937

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

Do not use this space.

39787

791

1003

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10774

City St. Louis (No. St. Anthony's Hospital St. ..... Ward)

2. FULL NAME Emma Katherine Keeling

(a) Residence, No. 1625 St. Louis Ave., St., NR Ward. East St. Louis, Ill.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1916

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 20 | 11 | 6 | |

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J.J.Newberry Co.,

10. Date deceased last worked at this occupation (month and year) Oct. 1937

11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Kentucky

FATHER

13. NAME Jack Keeling

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Kentucky

MOTHER

15. MAIDEN NAME Georgia Fuller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin, Kentucky

17. INFORMANT (ADDRESS) X Carl Schriax East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE E. St. Louis, Ill DATE Nov. 24, 1937

19. UNDERTAKER (ADDRESS) Charles G. Kurrus East St. Louis, Ill.

20. FILED NOV 22 1937 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11-18-, 1937, to 11-22-, 1937.

I last saw her alive on 11-22-, 1937. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

| | Date of onset |
|---|---|
| Ectopic Pregnancy | 9/10/37 |
| Other contributory causes of importance: | |
| Intestinal Obstruction | 11/15/37 |
| Peritonitis | 11/18/37 |

Name of operation Removal of Pregnancy Date of 11/19/37

What test confirmed diagnosis? Pressure Operation one Sigmoid 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 .....

(Signed) P. Hofmeister, M. D.

(Address) 3958 S. Grand Bl.

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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