

JAN 24 1938

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

46643
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 786
(b) Township Jefferson Primary Registration District No. 4469 Registered No. 65
(c) City Maplewood (d) Street No. 3001 Laclede Rd. 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 Eugene C. Keller

(a) Residence, No. 3001 Laclede Road St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 3, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19, to Dec 3, 1937

I last saw him alive on Dec 3, 1937. Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 7, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 26

Lobar Pneumonia
Date of onset 4 days pneumonia
108
Other contributory causes of importance:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Butcher
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) Unknown (STATE OR COUNTRY) France

FATHER 13. NAME Jerome Keller
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) France

MOTHER 15. MAIDEN NAME Anna A. Beeler
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) France

17. INFORMANT Lucelle Stephens (ADDRESS) 3001 Laclede Rd., Maplewood, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE December 6, 1937

19. FUNERAL DIRECTOR Jay B. Smith Funeral Home (ADDRESS) 7456 Manchester Ave., Maplewood, Mo.

20. FILED Jan 1 1938 Pauline Britten Local Registrar.

Name of operation Physical Examin. Date of no
What test confirmed diagnosis? Physical Examin. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 19...
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Uncond. Hemorrhage, M. D.

(Signed) Uncond. Hemorrhage (Address) 3101st Suther Ave. Maplewood Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY HOW they arrived at their diagnosis. EXACT STATEMENT OF CAUSE OF DEATH is very important.

STATEMENT BY LICENSED EMBALMER

I, J. W. Denniston, Licensed Embalmer No. 3777
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. W. Denniston
L. E. _____
No. 3777 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. W. Denniston
Licensed Embalmer No. 3777

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.)