

FEB 12 1938

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

324
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **10M3**
 (c) City **St. Louis** (d) Street No. **De Paul Hospital** Registered No. **180**
 (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 **Frances C. Keller 460**

(a) Residence, No. **4330 Papin St.** St. **18**
 (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) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 7, 1930**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
7 9 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. **Child**
 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) **St. Louis Mo.**
 FATHER 13. NAME **George Keller**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**
 MOTHER 15. MAIDEN NAME **Alma Huber**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**
 17. INFORMANT **George Keller**
 (ADDRESS) **4330 Papin St.**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **1-7** 1938
 19. FUNERAL DIRECTOR **Kriegshauser Mortuaries**
 (ADDRESS) **4228 So. Kingshighway**
 20. FILED **JAN 6 1938** **J. Brebeck**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 4 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Dec 17 1937** to **Jan 4 1938**
 I last saw him alive on **Jan 4 1938** Death is said to have occurred on the date stated above, at **8 A. m.**
 The principal cause of death and related causes of importance were as follows:
Diphtheria Date of onset **12-27-37**
Acute Broncho Pneumonia **1-1-38**
 Other contributory causes of importance: **Measles** **12-18-37**
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?
 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) **J. Brebeck**, M. D.
 (Address) **87 S. Main**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Striegel
19th & Madison
1875
e 2063
9-10

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
.....L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.
Signed *Edwin N. McDevitt*
Licensed Embalmer No. *3024*

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