

REC'D SEP 12 1938

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

26884  
Do not use this space.

## 1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791  
(b) Township St. Louis Primary Registration District No. 1003  
(c) City St. Louis (d) Street No. 4151 Bowen Registered No. 6898  
(e) Length of residence in city or town where death occurred 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Henry Phillip Keller  
(a) Residence, No. 4151 Bowen St. 1  
(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 (OR) WIFE OF Louisa Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 2, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Merchant  
9. Industry or business in which work was done, as saw mill, bank, etc. Grocery Store  
10. Date deceased last worked at this occupation (month and year) 1923 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Ill.FATHER 13. NAME Ernest Keller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GermanyMOTHER 15. MAIDEN NAME Charlotte Meyer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) J. Menestroma  
East St. Louis, Ill.18. BURIAL, CREMATION, OR REMOVAL PLACE E. St. Louis, Ill. Aug. 3, 193819. FUNERAL DIRECTOR (ADDRESS) J. H. Brueck  
East St. Louis, Ill.20. FILED Aug 3 1938 J. H. Brueck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2, 193822. I HEREBY CERTIFY, That I attended deceased from JUNE 9<sup>th</sup>, 1938, to Aug. 2<sup>nd</sup>, 1938I last saw h. i. m. alive on Aug 2<sup>nd</sup>, 1938. Death is said to have occurred on the date stated above, at 9:10 p.m.

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

CARCINOMA  
OF THE NASOPHARYNX  
AND POSTNASAL SPACE, primary.

Other contributory causes of importance:

Name of operation H7C Date of Aug 2, 1938  
What test confirmed diagnosis? H7C Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury Aug 2, 1938  
Where did injury occur? Home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury None  
Nature of injury None24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify H. J. Niebauer M.D. M. D.  
(Signed) H. J. Niebauer M.D.  
(Address) 3621 No. 20<sup>th</sup> St.  
St. Louis Mo.

3621 N. 20th  
Dr. Niebrugg

AMANDA

90257 5-20

**STATEMENT BY LICENSED EMBALMER**

I, C. G. Kurrus, Jr., Licensed Embalmer No. 3162

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 C. Kurrus Jr  
Licensed Embalmer No. 3162

**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.)**