

REC'D AUG 17 1939
Registration District No. _____

791

Primary Registration District No. _____

Registrar's No. _____

6380

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
 (Specify whether
 In this community 60 years
 years, months or days)

3. (a) PRINT FULL NAME Emil Keller 460

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept 15 1858
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
80' 10 4 hr. _____ min.9. Birthplace Germany 6
(City, town, or county) (State or foreign country)10. Usual occupation Nil 611. Industry or business _____ 912. Name August Keller13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Dont Know15. Birthplace Dont Know
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Sister Jeanne(b) Address 2209 Hebert St17. (a) Burial (b) Date thereof 7/20/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Arthur J. Donnelly(b) Address 3840 Lindell Blvd19. (a) JUL 15 1939 (Date received local registration) J. B. Brudick (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri / (b) County _____
 (c) City or town St. Louis 20
 (If outside city or town limits, write "RURAL")
Little Sisters of the Poor
 (d) Street No. 2209 Hebert St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 60 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19 day July
year 1939 hour 3:45 minute A. M.21. I hereby certify that I attended the deceased from 7/6/39
_____, 19____, to 7/19, 1939(a) I last saw him alive on 7/19, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Prostatic Hypertrophy Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. E. Von Kaenel (M. D. or other)
Address City Hospital Date signed 7-19-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Alfred J. Goedel

Licensed Embalmer No. 2663

P. O. Address 4204 Baine Av

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.)

If this body is not embalmed, above space should be left blank.