

Registration District No. **1003**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **8893**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4031 Russell  
(If rural, give location)  
(e) Residing with Physician YEARS \_\_\_\_\_

8. (a) PRINT FULL NAME Frank L. Keightley 2nd

8. (b) If veteran, name war Spanish\*Am. 8. (c) Social Security No. X

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Marie 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June 23, 1876  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>63</u>	<u>3</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Franklin County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Dealer - retail

11. Industry or business \_\_\_\_\_

12. Name Robert Keightley

13. Birthplace England England  
(City, town, or county) (State or foreign country)

14. Maiden name Morgan

15. Birthplace Canada  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Marie Keightley

(b) Address 4031 Russell

17. (a) burial (b) Date thereof 10/20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director John J. Ziegenhain

(b) Address 7027 Gravois

19. (a) 067-19-1939 (b) J. F. Brudick  
(Official Seal) (Signature)

20. DATE OF DEATH: Month Oct day 17  
year 1939 hour 8 minute 55 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Hypertension  
Interus Pulmonis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Alfred Perry (M. D. or other) \_\_\_\_\_

Address Supply Co. Date signed 10.19.39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937<sup>a</sup> Illinois

**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.**