DEC 13 1939

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

37956
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 9795
(c) City St. Louis, Mo. (d) Street No. En route to H. G. Phillips 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Roosevelt Keller
(a) Residence, No. ~~XXXXXXXXXXXXXXXXXXXX~~ St. 25 915 O'Fallon St
en route to Homer G. Phillips Hospital (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Wilma Keller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-30-1908

7. AGE: Years 31 | Months 0 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. unemployed laborer
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) (STATE OR COUNTRY) New Orleans, Louisiana.

FATHER
13. NAME George Keller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown

MOTHER
15. MAIDEN NAME Maggie Crenshaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Louisiana

17. INFORMANT (ADDRESS) Mary Tanter-sister of deceased 2808a Chouteau Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Cem. DATE Nov. 17 1939

19. FUNERAL DIRECTOR (ADDRESS) Riley 3755 Finney Avenue

20. FILED NOV 17 1939 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8.15 P.M.
The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage from bullet wounds of both lungs and Aorta suffered when shot with gun in the hands of one, Wilma Keller, (Col) wife of deceased, in home at 915 O'Fallon Street about 8.15 P.M. Nov. 7, 1939. HOMICIDE.

Date of onset

Other contributory causes of importance:

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? Homicide Date of injury 11/7, 1939
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) Joseph M. Lucas, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

50M-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, Rex E. Campbell, Licensed Embalmer No. 3881 (City #179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Rex E. Campbell

Licensed Embalmer No. 3881 City #17

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.)