

38228

State File No. 10067

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 1002

Primary Registration District No. _____

Registrar's No. _____

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:
1518 S. 18th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

8. (a) PRINT FULL NAME Betty A. Keuss 26 D8. (b) If veteran, name war no 8. (c) Social Security No. no4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Bernard A. Keuss 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased Oct. 26, 1855
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
84 0 25 hr. min.9. Birthplace Tipton Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name John Chapman13. Birthplace Missouri
(City, town, or county) (State or foreign country)14. Maiden name Don't know15. Birthplace Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mae Maule Macy(b) Address 1518 S. 8th St.17. (a) Burial (b) Date thereof Nov. 25/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation S.S. Peter & Paul C.18. (a) Signature of funeral director Weick Bros. Und. Co(b) Address 2201 S. Grand Bl.19. (a) NOV 25 1939 (b) J. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town 1st. Louis, St. 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1518 S. 8th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 21
year 1939 hour 11 minute 45 PM.21. I hereby certify that I attended the deceased from Jan
4, 1939, to Nov 21, 1939;
that I last saw her alive on Nov 18, 1939
and that death occurred on the date and hour stated aboveImmediate cause of death Hemorrhage of
Corley
Arteriosclerosis
Due to Arteriosclerosis
Myocardial Infarction
Due to unknownDuration 5 daysDue to Arteriosclerosis
Myocardial Infarction
Duration 10 daysDue to unknown
Duration 4 daysOther conditions none

(Include pregnancy within 3 months of death)

Major findings: none

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) (b) Means of injury _____

23. Signature W. G. Ashbury (M. D. or other) MD
Address 3758 Lafayette Date signed 11-24-39

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

Rev. 5-17-39
U.S. GPO: 1939

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.

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 *Wm. Stewart*

Licensed Embalmer No..... 3722

P. O. Address 412 Duchouquette St.

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.