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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FOR AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23934

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6379

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

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: 3243 A Missouri Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis. 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3243 A Missouri Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME MARY KEYMAN 550
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Keyman
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 5. 1873. (Month) (Day) (Year)

8. AGE: Years 66 Months 10 Days 23 If less than one day hr. min.

9. Birthplace New York City. (City, town, or county) 1 (State or foreign country)
10. Usual occupation At Home 1
11. Industry or business Housewife. 9
FATHER
12. Name William Vogt
13. Birthplace New York City. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant John Keyman
(b) Address 3243 A Missouri Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 31/40 (Month) (Day) (Year)
(c) Place: burial or cremation Waterloo Ills.
18. (a) Signature of funeral director Thos Kutis
(b) Address 2906 Gravois Ave.
19. (a) JUL 29 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28 year 1940 hour 8 00 AM minute M.

21. I hereby certify that I attended the deceased from Feby 5, 1940, to July 28, 1940 that I last saw her alive on July 27, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Chronic Mitral Regurgitation

Major findings:
Of operations
Of autopsy

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature F W Springa (M. D. or other)
Address 3315 S Jefferson Date signed 7/29/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Thos Lutes

Licensed Embalmer No. 1619

P. O. Address 2906 Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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