

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 hrs.**
(Specify whether
In this community **Life.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St Louis**
(c) City or town **(Rural) Affton** **NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **9607 Gravois Ave.,**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **Life.** years.

3. (a) PRINT

FULL NAME **Louis J. Keller**

3. (b) If veteran, name war..... 3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **Emelia C.** 6. (c) Age of husband or wife if alive **66** years

7. Birth date of deceased **Dec. 28th, 1875**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 27 hr. min.

9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Telephone Company**

11. Industry or business.....

12. Name **Jacob Keller** **Germany**

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

14. Maiden name **Not known**

15. Birthplace **Not known.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Amelia C. Keller**

(b) Address **9607 Gravois Ave.,**

17. (a) **Burial** (b) Date thereof **10/28/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Lucas Cemetery**

18. (a) Signature of funeral director **John Ziegenhagen**

(b) Address **7027 Gravois Ave.,**

19. (a) **OCT 28 1940** (b) **Dr. Schubert**
(Date received local registrar) (Signature of local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **25th**
year **1940** hour **One** minute **50** A. M.

21. I hereby certify that I attended the deceased from **Sept 11,**
19**30**, to **Oct 25**, 19**40**

that I last saw him alive on **Oct 23**
and that death occurred on the date and hour stated above.

Immediate cause of death **Asthma** Duration

Due to **51**

Due to

Other conditions **Carcinoma prostate**
(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?
(Specify type of place)

While at work? (Specify type of place) (Means of injury) **1**

23. Signature **Walter Kelly** (M. D. or other) **1**

Address **9915 Gravois** Date signed **Oct 27/40**

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.....

Licensed Embalmer No. 3877

P.O. Address 7027 Gravois

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, fact should be so stated above.