

No. 2  
4-13-40  
5-17-39  
I X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37034

State File No. \_\_\_\_\_

9307

Registrar's No. \_\_\_\_\_

Registration District No. **791**

Primary Registration District No. **1003**

DEC 11 1940

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:  
**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 \_\_\_\_\_  
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. **1435a Warren Ave.** **26**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **9**,  
year **1940** hour **11:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **November**  
**8**, 19 **40**, to **November 9**, 19 **40**;  
that I last saw him alive on **November 9**, 19 **40**;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
**Pneumonia, lobar, R.L.L.**

Duration

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

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

Other conditions  
(Include pregnancy within 3 months of death)

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

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

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 **David Freedman M.D.** (M. D. or other) \_\_\_\_\_  
Address **1515 Lafayette Ave.** Date signed **11/12/40**

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

3. (a) PRINT FULL NAME **John Keller**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **488-07-0908**

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

6. (b) Name of husband or wife **Birdie** 6. (c) Age of husband or wife if alive **63** years

7. Birth date of deceased **June 27 1877**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Ice puller**

11. Industry or business **polar Wave Ice Co.**

12. Name **Henry Keller**

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

14. Maiden name **Elizabeth Baird**

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

16. (a) Informant **Lawrence Keller**

(b) Address **1602 N. Jefferson Ave.**

17. (a) **Removal** (b) Date thereof **11/13/40**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Campbell Hill, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **NOV 12 1940** (b) **J. B. [Signature]**  
(Date received by registrar) (Registrar's Signature)

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Guy W. Wilkinson*

Licensed Embalmer No.....

3575

P. O. Address.....

**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, fact should be so stated above.**