

No. 2
13-40
17-39
X23159

Registration District **10**

Primary Registration District No. **3008**

Registrar's No. **65**

FILED APR 11 1941

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hosp. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Aug 30-1940
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County #

(c) City or town City of St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4127 W. Ashland Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Marnie Keftmeyer

3. (b) If veteran, name war _____

3. (c) Social Security No. D.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3 year 1941 hour 5:20 P.M. minute _____ M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Frank Keftmeyer

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1st, 1941, to March 3, 1941; that I last saw her alive on March 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration _____

8. AGE: Years 67 Months _____ Days _____ If less than one day hr. _____ min. _____

Due to ?

Due to _____

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

Other conditions Cardiac Arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name ?

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

14. Maiden name ?

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

16. (a) Informant Dorothy Hess, nurse

(b) Address _____

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? 1010

17. (a) Removal (b) Date thereof Mar 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Elmer G. Maupin

(b) Address 700 Court St. Fulton, Mo.

(Specify type of place) _____

(e) Means of injury _____

19. (a) Mar 4, 1941 (b) R. N. Crewe
(Date received local registrar) (Registrar's signature)

23. Signature P. S. Tate (M. D. or other) _____

Address State Hosp. #1 Fulton, Mo. Date signed 3-3-41

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..... *Ellen G. Maupin*
Licensed Embalmer No. *27125*
P. O. Address *Fulton, Mo.*

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.**