

2-40  
3-39  
K23159

Registration District No. 78x

Primary-Registration District No. 105

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

Registrar's No. 1176

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Glendale  
 (c) Name of hospital or institution:  
808 Hawbrook Avenue  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community buried in cemetery years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Glendale  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 808 Hawbrook Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? About 50 years.

3. (a) PRINT FULL NAME Barbara Keller

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife Fred Keller 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased December 8, 1855  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 5 26 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

12. Name Hauck

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

14. Maiden name Unknown

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

16. (a) Informant Emma Keller

(b) Address 808 Hawbrook, Glendale, Mo.

17. (a) Burial (b) Date thereof 6-5-41  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director C. Hoffmeister & Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) JUN - 5 1941 (b) [Signature]  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd  
 year 1941 hour 12:25 minute A. M.

21. I hereby certify that I attended the deceased from May 26, 1941, to June 3, 1941;  
 that I last saw her alive on June 2, 1941,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia  
chr. Myocarditis

Due to chr. Nephritis

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

Other conditions none  
 (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
no

While at work? no (Specify type of place)

(e) Means of injury no

23. Signature [Signature] (M. D. or other) [Signature]

Address 508 N. Grand Blvd Date signed June 3

Purgation 7 days  
8 yrs.  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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

Dr. Henry Thym,  
Metropolitan Bldg.,  
2:00 to 3:00 P. M.  
Je. 4141

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**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.

*John Ketter*  
3880

Signed.....

*John Ketter*  
.....  
Licensed Embalmer No. *3880*  
P. O. Address *1353 Washington*

**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.**