

No. 2  
-13-40  
-17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

29339

FILED SEP 8 1941

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

Registration District No. 184

Primary Registration District No. 117

Registrar's No. 1705

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
400 Atlanta Ave  
(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

3. (a) PRINT FULL NAME Ellen Karen Keeble

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / race White

5. Color or race \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased December 1st, 1940  
(Month) (Day) (Year)

| 8. AGE: | Years    | Months   | Days      | If less than one day |
|---------|----------|----------|-----------|----------------------|
|         | <u>0</u> | <u>8</u> | <u>12</u> | hr. _____ min.       |

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

10. Usual occupation None

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

MOTHER FATHER

12. Name W. Burton Keeble

13. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Constance E. Fowler

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

16. (a) Informant W. Burton Keeble

(b) Address 400 Atlanta Ave

17. (a) Burial (b) Date thereof 8/11/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walhalla Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 633 Clayton Road

19. (a) AUG 14 1941 (b) E. J. McYarman MD  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7  
(If outside city or town limits, write "RURAL") E

(d) Street No. 400 Atlanta Ave  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13  
year 1941 hour 8 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from 8.5.1941 to 8.13.1941

that I last saw her alive on 8.13.41, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute gastro enteritis

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

Due to 11 4 1941

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 0

Address 16 West 9th Date signed 8.13.41

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

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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.

Signed.....

*Robert J. ...*  
.....  
Licensed Embalmer No. *1994*

P. O. Address *St. Louis*  
.....

**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.**