

No. 2
-1-4-41
-17-39
X28350

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30332**

791

Registration District No. **FILED OCT 18 1941**

Primary Registration District No. **1003**

Registrar's No. **7671**

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:
Deaconess Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether)

In this community Birth 0
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3212 Palm St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
0
If yes, name country

3. (a) PRINT FULL NAME Clara Wilhelmina Keck

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21,
year 1941 hour 11:40 AM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Fred A. Keck

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 8, 1887
(Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Thrombosis Duration
Fracture of Neck of Rt. Femur;
suffered when deceased slipped and

8. AGE: Years Months Days If less than one day

53 10 13 _____ hr. _____ min.

Due to I fell to the kitchen floor in her home 3212 Palm Street, on Sept. 10th, 1941, exact time unknown.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Wm. Huning

13. Birthplace St. Louis 0 Missour
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Balmer

15. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Fred A. Keck

(b) Address 3212 Palm St.

17. (a) Burial (b) Date thereof 9/24/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 23 1941 (b) J. J. Beedeck
(Date received by Registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Sept. 10, 1941

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature Thomas J. Callahan (M.D. or other) 0

Address Deputy Coroner Date signed 9/23/41

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

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.....

Leonard Hampton

Licensed Embalmer No. *2967*

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