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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30336

Registration District No. 799 Primary Registration District No. 1003 Registrar's No. 2675

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, 3173 Oregon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3173 Oregon Avenue (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 24 (If outside city or town limits, write "RURAL")

(d) Street No. 3173 Oregon Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Gaeng

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Peter 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 28 (Day) 1865 (Year)

8. AGE: Years 76 Months 2 Days 22 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

FATHER 12. Name John Keller

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

MOTHER 14. Maiden name Magdalena Graber

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

16. (a) Informant Joseph Gaeng

(b) Address 5748 Delor

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

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director John V. Gebhardt Sons

(b) Address 2630 Gravois

19. (a) SEP 23 1941 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20 year 1941 hour 7: minute 40 P. M.

21. I hereby certify that I attended the deceased from September 20, 1941, to September 20, 1941 that I last saw her alive on September 20th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy (cerebral hemorrhage) — Duration: Sept. 20

Due to Arteriosclerosis, Senility.

Hypertension

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 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D.) 0

Address 2278 S. Jefferson Date signed 9-22-41

(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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.