

S. No. 2  
M-1-4-41  
v. 5-17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **33509**  
Registrar's No. **8465**

FILED NOV 24 1941  
Registration District No. 1947

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:  
(a) County. \_\_\_\_\_  
(b) City or town. St. Louis Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community. 9-25-41 - 10-18-41 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State. Illinois (b) County. Jackson  
(c) City or town. Carbondale  
(If outside city or town limits, write "RURAL")  
(d) Street No. 607 W. Mill  
(If rural, give location)  
(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Bradley Keller  
3. (b) If veteran, name war. Unknown  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month October day 23 year 1941 hour 6<sup>30</sup> minute 30 P. M.  
21. I hereby certify that I attended the deceased from 9-25-41 to 10-18-41  
that I last saw him alive on October 23 - 1 1941  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. Daisy M.  
6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased. Oct. 16 1869  
(Month) (Day) (Year)

Immediate cause of death. gastric Remorhage Duration \_\_\_\_\_  
Due to. Carcinoma Stomach with metastases to the liver  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations. \_\_\_\_\_  
Of autopsy. \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
72 0 7 hr. \_\_\_\_\_ min.

9. Birthplace Jackson Co. / Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Road & Bridge Foreman

11. Industry or business \_\_\_\_\_  
12. Name Phillip J. Keller  
13. Birthplace Jackson Co. / Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Harry B. Keller  
(b) Address U S Navy.  
17. (a) Removal (b) Date thereof 10/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation. Carbondale, Ill.

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. 0  
23. Signature H. Bradley (M. D. or other) \_\_\_\_\_  
Address BARNES HOSPITAL Date signed \_\_\_\_\_

18. (a) Signature of funeral director. Albert H. Hoppe  
(b) Address 4700 Washington Ave.  
19. (a) OCT 25 1941 (b) G. T. Brudek  
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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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.....*Welford H. Burnley*.....  
Licensed Embalmer No. *4202*.....  
P. O. Address.....

**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.**