

FILED JAN 20 1942

Registration District No. _____

Primary Registration District No. 113

Registrar's No. 69

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Florissant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Florissant, Mo.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Florissant
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Keeven

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Henry Keeven 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Dec. 15, 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 24 If less than one day hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Frank Gettemeier
13. Birthplace Germany
(City, town, or county) (State or foreign country)

{ 14. Maiden name Gertrude Gerling
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Keeven
(b) Address Florissant, Mo.

17. (a) Burial (b) Date thereof Jan. 12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florissant, Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) JAN 11 1942 (b) S. M. Larwood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8
year 1942 hour 10.00 minute P.M. M.

21. I hereby certify that I attended the deceased from March 10
1937 to Jan. 8, 1942

that I last saw her alive on Jan 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Interstitial Nephritis

Due to _____

Other conditions 131a
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 J. C. Alvord (M. D. or other) M.D.

Address Florissant, Mo. Date signed Jan 9, 42

Dr. Ahrens
Florissant, Mo.

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.....

Joe W. Clark

Licensed Embalmer No. 1661.....

P. O. Address 1125 Hodiament Ave.....

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.