

FILED MAR 17 1947 91  
Registration District No. ....

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  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4963 Arsenal St.  
(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 D 21st  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4963 Arsenal St.  
(If rural, give location)  
(e) Citizen of foreign country? .....  
(Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Margaret Thorpe Keating  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 20th  
year 1942 hour 11:20 minute P.M. M.

5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Late John Keating  
(c) Age of husband or wife if alive years 21st 1874  
7. Birth date of deceased: (Month) Feb. (Day) 21st (Year) 1874

21. I hereby certify that I attended the deceased from February 16 1942 to February 20 1942  
that I last saw him alive on February 20 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
67 11 30 hr. min.

Immediate cause of death Cerebral Hemorrhage

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

Due to Coronary Hypertrophy  
Myocardial Stenosis  
Due to Chronic Arteritis

10. Usual occupation Housework at home

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

11. Industry or business .....

Major findings: Of operations None

12. Name Casper Praechter

Of autopsy None

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

14. Maiden name Sophia Voitlein  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Nellie M. Burklin

(b) Address 3885 Humphrey St.

17. (a) Burial (b) Date thereof 2-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Kriegshausner Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) FEB 20 1942 (b) J. C. Bredeck  
(Date received local registrar) (Registrar's signature)

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) None

(b) Date of occurrence .....

(c) Where did injury occur? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? no (Specify type of place)  
(e) Means of injury 3rd

23. Signature J. C. Bredeck (M. D. or other) 3rd

Address 2767 Kearney Ave Date signed 2-21-42

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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 *Reinhold K. Lehmann*  
Licensed Embalmer No. *3395*  
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.**