

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 7839

Registrar's No. 424

Registration District No. 1942

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County ST LOUIS  
(b) City or town KIRKWOOD  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
929 Woodlawn  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 45 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS  
(c) City or town KIRKWOOD  
(If outside city or town limits, write "RURAL")  
(d) Street No. 929 N WOODLAWN AVE.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARTHA ELIZABETH KELLER

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMAL 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOW  
6. (b) Name of husband or wife CHRIS KELLER 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased NOVEMBER-10-1963  
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 13 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN  
13. Birthplace DENMARK  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace DENMARK  
(City, town, or county) (State or foreign country)

16. (a) Informant W. E. Keller  
(b) Address 929 N. WOODLAWN AVE  
17. (a) BURIAL (b) Date thereof FEB 25-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co  
(b) Address WEBSTER GROVES MO  
19. (a) FEB 25 1942 (b) E. H. Mc...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23 year 1942 hour 8 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from Jan. 4 1942 to Feb 23 1942  
that I last saw her alive on Feb 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of pancreas Duration 2 month

Due to 46 y

Other conditions arteriosclerosis general  
(Include pregnancy within 3 months of death)  
myocarditis chr

Major findings: Of operations none Of autopsy none 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury? \_\_\_\_\_  
23. Signature C. H. Bockelman (M. D. or other) M.D  
Address 2645 Brentwood Blvd. Date signed 2/24/42

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

2615 Brentwood Blvd

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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 Bob Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster House

**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.**