

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Went
(c) City or town Salem, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural.
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louie Herbert Keithly

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March 23 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 0 15 hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name John
13. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Bell Redmond
15. Birthplace Dent Co., Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Andy Keithly
(b) Address Salem, Mo.

17. (a) Removal (b) Date thereof 4/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Dent Co., Mo.

18. (a) Signature of funeral director Albert H Hoppe

(b) Address 4700 Washington

19. (a) APR 9 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 8 year 1942 hour 8:15 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 8 1942 to Apr 8 1942
that I last saw him alive on Apr 8 1942
and that death occurred on the date and hour stated above.

Immediate cause of death ap. appendicitis following streptococcal sore throat
Due to ap. appendicitis following streptococcal sore throat

Other conditions urinary suppression
(Include pregnancy within 3 months of death)

Major findings: Gangrenous appendix
Of operations much milk found
Of autopsy Refused

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 1
23. Signature Hudson Jelbert (M. D. or other) Date signed 4/19/42
Address Metrop. Bldg. St. Louis

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

MOTHER FATHER

033
0
NR
0

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.