

**STANDARD CERTIFICATE OF DEATH**

State File No. ....  
 Registrar's No. .... **3716**

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:  
**Lutheran Hospital**  
(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)

3. (a) PRINT FULL NAME **Bertha Keeler**

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

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

6. (b) Name of husband or wife **Late John Keeler**  
 6. (c) Age of husband or wife if alive **8th** years

7. Birth date of deceased **March 8th 1887**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>65</b>	<b>1</b>	<b>17</b>	hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Robert Hollingsworth**

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

14. Maiden name **Louise Layfield**

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

16. (a) Informant **Marion Reiner**

(b) Address **4341 Delor St.**

17. (a) **Burial** (b) Date thereof **4-28-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New Pickers Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuar**  
 (b) Address **4228 So. Kingshighway Blvd.**

19. (a) **J. F. Predek** (b) **27 9(8)**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County..... **000**  
 (c) City or town **St. Louis** **15 17**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4341 Delor St.** **9**  
(If rural, give location)  
 (e) Citizen of foreign country?.....  
(Yes or No)  
 If yes, name country..... **1**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **April** day **25th**  
 year **1947** hour **4** minute **50 P.** M.

21. I hereby certify that I attended the deceased from **July 7th** to **Apr 25** 19**47**  
 that I last saw her alive on **Apr 25** 19**47**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**apoplexy**  
**Chronic arteriosclerosis**  
**Coronary occlusion**  
**arteriosclerosis**  
 Due to.....  
 Due to.....

Duration  
 1 hr.  
 6 hrs.  
 8 hrs.  
 8 hrs.  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

Other conditions.....  
(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.....

23. Signature **J. F. Predek M.D.** (M. D. or other)  
 Address **3106 Grannis** Date signed **4/27/47**

3600 Chicago  
Falls 2328

**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..... *E. Reinhold to Lohman*  
*Edwin M. Bennett*

Licensed Embalmer No. ~~302~~ 339

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.**