DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 7 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 12778

Registrar's No. 361

1. PLACE OF DEATH: CITY HOSPITAL
(a) County ST. Louis MO.
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CITYHOSPITOL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED:
(a) State Missouri (b) County
(c) City or town ST. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 3343a Belt Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME EUGENE XAVIER KELLER
3. (b) If veteran, name war
3. (c) Social Security 494 057492
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hannah Keller E Kremer
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased 12 (Month) 6 (Day) 1885 (Year)
8. AGE: Years 56 Months 4 Days 16 If less than one day hr. min.
9. Birthplace ST. Louis. MO. (City, town, or county) (State or foreign country)
10. Usual occupation Butcher
11. Industry or business
MOTHER FATHER
12. Name John. X. Keller
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Elizebeth Mueller
15. Birthplace MO. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Hannah Keller
(b) Address 3343a Belt Av
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4. 24. 1942 (Month) (Day) (Year)
(c) Place: burial or cremation ST. Peters Cemetery
18. (a) Signature of funeral director Kingsbermill Funeral Home
(b) Address 3819 S. Grand. Blvd.
19. (a) APR 23 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1942 hour 415 min pm M.
21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Right Lobar Pneumonia involving all three lobes
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Gallery (M. D. or other)
Address Deputy Coroner Date signed 4/23/42

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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 Sheldon Collier

Licensed Embalmer No. 3382

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, above space should be left blank.