

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: Homer Dilleps 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 4031 Ewing Ave  
(Rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME MADGO Keltz

(b) If veteran, name war \_\_\_\_\_

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12<sup>th</sup>  
year 1942 hour 4:20 minute 0 M.

4. Sex: female

5. Color or race negro

6. (a) Single, widowed, married, divorced married

(b) Name of husband or wife Earl Keltz

(c) Age of husband or wife if alive 29 years

7. Birth date of deceased: Feb 5 1913  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE: Years 26 Months 2 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Supertensive Poisoning, self administered in the presence of other employees home at 508 1/2 Cabanne Ave on April 12<sup>th</sup> 1942 at about 4:30 P.M.

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

10. Usual occupation Housework

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER

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

12. Name Charles Hamen

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

14. Maiden name Peggy Hamen

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

Major findings: Of operations 11/11/42

Of autopsy 6-5-42

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Percy Hamen

(b) Address 2302 1/2 La Salle

17. (a) Burial (b) Date thereof Apr 18, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Pk.

18. (a) Signature of funeral director English Vnd. Co

(b) Address 2931 Lucas Ave

19. (a) APR 18 1942 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence April 12, 1942

(c) Where did injury occur? St Louis Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home  
(Specify type of place) (e) Means of injury \_\_\_\_\_

While at work? \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 4/18/42

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

*Handwritten notes:*  
Serial 1  
collected

*Handwritten notes:*  
5/19/52

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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.....

*Burton English*

Licensed Embalmer No.....

*4208*

P. O. Address.....

*2931 Lucas, Ave*

**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.**