

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 301

92
9
3

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

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's 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 Missouri (b) County St. Charles
(c) City or town St. Charles 92
(If outside city or town limits, write "RURAL") 9
(d) Street No. 1103 Lindenwood 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HARRY KEITHLY

3. (b) If veteran, name war _____ 3. (c) Social Security No. 494-01-3204

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonora Mette 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased September 20, 1888
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Huwell 6 mo
(City, town, or county) (State or foreign country)

10. Usual occupation Waldman

11. Industry or business Buy Mfg Co

12. Name Geo. Keithly

13. Birthplace O Fallou O mo
(City, town, or county) (State or foreign country)

14. Maiden name Smith

15. Birthplace not known 0
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Keithly

(b) Address 621 S. 5th St. Charles, Mo

17. (a) Burial (b) Date thereof May 2, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Church

18. (a) Signature of funeral director Neil Mason, Bur

(b) Address 326 N. 6th St. - St. Charles, Mo

19. (a) MAY 2, 1942 (b) Clarence G. Wesseler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1942 hour 5 minute _____ P. M.

21. I hereby certify that I attended the deceased from April 28
11 to April 30 1942
that I last saw him alive on April 30 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 hrs.

Due to Coronary artery disease

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 94

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) (e) Means of injury 0

23. Signature E. J. Cantey, M.D. (M. D. or other) 0
Address St. Charles, Mo Date signed 5-2-42

JUN 8 1942

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..... *Arthur C. Bruce*

Licensed Embalmer No. *3155*

P. O. Address..... *St Charles Mo*

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.