S. No. 2
M—1-4-41
. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19004

FILED JUN 9 1942

Registration District No. 784 Primary Registration District No. 109 Registrar's No. 1174

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Maplewood (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 28 YEAR years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96 5 3

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

(d) Street No. 2670 South Hanley Road (If rural, give location) 0

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ida Keller

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife NONE

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased 7 (Month) 15 (Day) 1872 (Year)

8. AGE: Years 69 Months 10 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) D Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Samuel Keller

(b) Address 2670 S. Hanley Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-1-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director Boyd Brosseln Home

(b) Address South Kinloch Missouri

19. (a) MAY 30 1942 (Date received local registrar) (b) C. G. McGarron Md. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1942 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from May 20, 1942, to May 27, 1942, that I last saw her alive on May 26, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Int. Nephritis Endocarditis

Due to Senility

Due to .....

Other conditions (Include pregnancy within 3 months of death) 13 a

Major findings:
Of operations .....
Of autopsy .....

Duration

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) L

(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 0

23. Signature F. W. Kirsch (M. D. or other)

Address 2900 Union Rd. Date signed 5/28/42

747 (Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.