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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31346

Registration District No. 84 Primary Registration District No. 260 Registrar's No. 1924

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 8531 Jane Ave. /
(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. Louis 96

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

(d) Street No. 8531 Jane Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George W. Keeler.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Mary Keeler.

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 28, 1869.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	9	17	..... hr. ..... min.

9. Birthplace ? (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Carpenter (Retired)

11. Industry or business

FATHER
12. Name John Keeler.
13. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Martha Ward.
15. Birthplace Dont know. (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Georgia A. Quentin.
(b) Address 8531 Jane Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-16-1942. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.
(b) Address 5966-68 Easton Ave.

19. (a) SEP 15 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 14th year 1942. hour 7 minute A 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.

	Duration
Immediate cause of death Natural causes.	
Due to Infarct of left ventricle of heart and chronic myocarditis.	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Yes.	

93d

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 [signature] (M. D. or other)
Address Kirkwood, Mo. 9/14/42 Date signed

707 (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.....

Licensed Embalmer No.....

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.