

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN -5 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10716

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3938 Wyoming Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

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

(d) Street No. 3938 Wyoming Street
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME Paul L. Keller

3. (b) If veteran, name war..... No

3. (c) Social Security No. 497-01-9419

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21
year 1942 hour 12 minute 30 P.M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Katherine Keller

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February 17 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3rd
1942 to Dec 21st, 1942
that I last saw him alive on Dec 21st, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

70	10	4	hr. min.
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Immediate cause of death
Apoplexy 1/2 hr
Behnter arterio Sclerosis 5 yrs.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)
87

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

10. Usual occupation Colonial Laundry--3 yrs. ago

11. Industry or business.....

12. Name Christian G. Keller

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

14. Maiden name.....

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

Major findings:
Of operations.....

Of autopsy.....

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

16. (a) Informant Katherine Keller

(b) Address 3938 Wyoming St.

17. (a) Burial (b) Date thereof 12 24 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

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?

18. (a) Signature of funeral director Shackel-Heldert & Co.

(b) Address 3634 Gravois Avenue

19. (a) DEC 23 1942 (b) J. J. Brudack
(Date of death) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 5

23. Signature A. M. Stein (M. D. or other)

Address 3606 Francis Date signed 12/22/42

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

MOTHER FATHER

B

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address 100 West 1st

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.