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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. **959**

Registration District No. **318**

Primary Registration District No. **1003**

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

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 Days (Specify whether 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. 1318 Benton
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Josephine Keethler
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Wm. G. Keethler 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 16th 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Cincinnati, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Anthony Winschell

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

14. Maiden name Carrie (unknown)

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

16. (a) Informant Mr. Joseph G. Keethler,
 (b) Address 5969 Alpha Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers
 (b) Address 2849 No. Euclid

19. (a) JAN 26 1943 (b) J. J. Budek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 28,
 year 1943 hour 9:10 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 17, 1943, to January 28, 1943
 that I last saw him or alive on January 28, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to _____
 Due to _____
 Other conditions 9/2
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy As above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature John R. Leon (M. D. or other)
 Address 1515 Lafayette Avenue, Date 1/29/43

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

JAN 30 1943

(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

Wilford G Burnley

Licensed Embalmer No.

4205

P. O. Address

St Louis 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.