S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 428

FILED FEB 4 1943

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 971

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4516 West Papin 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: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis 9/8
(If outside city or town limits, write "RURAL")

(d) Street No. 4516 West Papin Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Keister

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Sept. (Month) 7th (Day) 1879 (Year)

8. AGE: Years 63 Months 4 Days 21 If less than one day hr. min.

9. Birthplace Shaduck (City, town, or county) Illinois (State or foreign country)

10. Usual occupation

11. Industry or business Farmer

FATHER
12. Name Chris Keister
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Stevens
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mary Kumner
(b) Address 4516 West Papin Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-31-43 (Month) (Day) (Year)
(c) Place: burial or cremation Centralia Illinois

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 30 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th year 1943 hour 8:30 minute P.M. M.

21. I hereby certify that I attended the deceased from 1/27, 1943 to 1/28, 1943
that I last saw him alive on 1/28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Infarct.

Due to 94

Due to

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations no
Of autopsy no

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)

(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 C. H. Bassett (M. D. or other)

Address 4500 Olive St Date signed 1/29/43

(Licensed Embalmer's Statement on Reverse Side)

C. W. Barrett
4500 Olive St.

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 Richard W. Storrsand

Licensed Embalmer No. 4007

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.