V. S. No. 2
50M—5-42
Rev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8456

FILED MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2190

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: 1715a Coleman
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 39 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5081a Kensington
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Hyman Keller

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex male

5. Color or race white

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

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

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

7. Birth date of deceased May 15 (Month) (Day) 1883 (Year)

8. AGE: Years 59 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Chernigow (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Grocer (Retail)

11. Industry or business

FATHER
12. Name Bernard Konovalov
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Etta (unk)
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Sam Keller
(b) Address 1715a Coleman

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation Hevre Kedisha

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) MAR 1 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th.
year 1943 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from March 2. 1943 to March 5 1943
that I last saw him alive on March 2. 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions Angina Pectoris and
(Include pregnancy within 3 months of death)
Hypertension

Major findings:
Of operations

Of autopsy

Duration: unknown

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 James S. Austin (M. D. or other) D.O.

Address 4390-Lindell St. Louis Jefferson 9177 Date signed 3/6/43

(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.....1597.....

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.