S. No. 2
M—5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

12348

State File No.

FILED APR 28 1943

Registration District No. 318 Primary Registration District No. Registrar's No. 3655

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County Dunklin 35
(c) City or town Campbell 0 N.R.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Peel Keathley
3. (b) If veteran, name war Unk. 3. (c) Social Security No. Unk.
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Loretta 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased September (Month) 18 (Day) 1901 (Year)

8. AGE: Years 41 Months 6 Days 29 If less than one day hr. min.

9. Birthplace Unk. (City, town, or county) Arkansas / (State or foreign country)
10. Usual occupation Minister
11. Industry or business
FATHER
12. Name Robert L. Keathley
13. Birthplace Unk. (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Olive Belt
15. Birthplace Unk. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Loretta Keathley
(b) Address Campbell, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation McKenzie, Tenn.
18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.
19. (a) APR 19 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1943 hour 9 minute 35 P M.
21. I hereby certify that I attended the deceased from 4-16-43, 19..., to 4-17-, 1943
that I last saw him alive on 4-17-, 1943;
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Subacute bacterial endocarditis | |
| Due to Rheumatic heart disease with aortic and mitral valvulitis | |
| Due to Cardiac failure | |
| Other conditions (Include pregnancy within 3 months of death) | |

95

Major findings:
Of operations none
Of autopsy Confirms above

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 C

23. Signature F. R. Bradley (M. ~~D. or other~~)
Address [illegible] Date signed 4/18/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1943

## 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. 1861

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.**