

FILED MAY 3 1948
Registration District No. _____

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: De Paul Hospital
(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)

3. (a) PRINT FULL NAME Baby Nancy Jane Keth

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 0

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

7. Birth date of deceased March 31st 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 22 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Eugene Keth
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)
14. Maiden name Alice Ziegler
15. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Keth-father

(b) Address 2053 Coleridge-Jennings

17. (a) burial (b) Date thereof 4-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Brothers

(b) Address 2849 North Euclid

19. (a) APR 23 1943 J. F. Preslock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2053 Coleridge-Jennings
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1943 hour 1 minute 35 P. M.

21. I hereby certify that I attended the deceased from 3-31-43
_____ 19 _____ to 4-22-43 19 _____

that I last saw her alive on 4-22-43 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Hypostatic pneumonia
Bronchial

Due to myelo meningitis (Burial)

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

Major findings: _____ PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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 Haecum (Name of other) _____
Address 5442 Union Date signed 4-23-43

Dr. Harry Klein,
5074 North Union Blvd.,

Mu. 1030

FRI 10:00 AM

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

Albert J. Mayfield

Licensed Embalmer No.....

3077

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.