

9600  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Affton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
9036 Pilot  
(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:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Affton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 9036 Pilot  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elizabeth Keilbach

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 John Keilbach 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 19, 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 5 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George Mueller  
13. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Theresa Bierer  
15. Birthplace Not known Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Murphy

(b) Address 9036 Pilot

17. (a) burial (b) Date thereof 5/10/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland, Ill.

18. (a) Signature of funeral director J. L. Ziegenhein & Sons

(b) Address 7027 Grayois

19. (a) MAY 10 1943 (b) E. J. McLaughlin  
(Date received local Registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 <sup>th</sup>  
year 1943 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 1st, 1943 to May 6th, 1943  
that I last saw her alive on May 6, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis  
Due to Septicly

Due to \_\_\_\_\_  
Other conditions General debility  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy 93rd

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Leo E. Wilucki (M. D. or other) \_\_\_\_\_  
Address 54-02 A Gramin Date signed \_\_\_\_\_

**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.....

*G. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

**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.**