

Pl. 22423
State File No. _____
Registrar's No. 1393

X29484

Registration District No. 1949

Primary Registration District No. 2063

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

96
3

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Keutzer

3. (b) If veteran, name war ?

3. (c) Social Security No. ?

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Keutzer

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased. 2-9-1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

74	4	2	hr. min.
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9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Candy maker

11. Industry or business none

MOTHER FATHER

12. Name Adam Keutzer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Stock

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Mampus

(b) Address 227 W. Olive

17. (a) (Burial, cremation, or removal) Burial

(b) Date thereof. June 15, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Sts. Peter & Paul Cem.

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Avenue.

19. (a) JUN 16 1943 (Date received local registrar)

(b) C. H. Mc Lerron, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Lemay
(If outside city or town limits, write "RURAL")

(d) Street No 214 West Felton
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day June
year 1943 hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from 6-9-43, 19 , to 6-11-43, 19 ,
that I last saw him alive on 6-11-43, 19 ,
and that death occurred on the date and hour stated above.

Immediate cause of death Carbosis of Liver.
Uremia

Due to unknown cause.

Due to _____

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

Major findings:
Of operations _____

Of autopsy 12461

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 Julius M. Backman, M.D. (or other) _____

Address St. Louis County Hosp. Date signed 6/14/43

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..... *Oliver E. Lempke*
Licensed Embalmer No..... *4448*
P. O. Address..... *St. Louis, Mo.*

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.