. S. No. 2
DM—5-42
v. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1943

Registration District No. 18

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40976

Primary Registration District No. 1003

Registrar's No. 10716

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:
4325 N. 19th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 85 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9

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

(d) Street No. 4325 N. 19th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Louise M. Kellner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife J. D. F. Kellner

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

7. Birth date of deceased January (Month) 28 (Day) 1858 (Year)

8. AGE: Years 85 Months 10 Days 6 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Bernard Bellstedt
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Louise Figenspan
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Annie L. Schlueter
(b) Address 4325 N. 19th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 N. 20th St.

19. (a) DEC 6 1943 (Date received local registrar) (b) J. F. Budesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 4th year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 30 1943, 19..., to Dec. 4, 1943, that I last saw h. alive on Dec. 4, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis	3 yrs
Due to Arteriosclerosis	10 yrs
Due to Senility	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy —	

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 R. W. Crossman (M. D. or other) M.D.
Address 4011 Blair Ave. Date signed 12/6/43

(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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.