

FILED APR 20 1944

Registration District No.

Primary Registration District No. 1003

Registrar's No.

3392

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:
4292 Kossuth Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution.....
In this community Life (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4292 Kossuth Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Henry Morgan Keightley

3. (b) If veteran, name war..... No
3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Pauline Keightley 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 16, 1871.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 7 25 hr. min.

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

10. Usual occupation Retired - Teamster

11. Industry or business Dairy

12. Name Robert Keightley

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

14. Maiden name Mary Ann Morgan

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

16. (a) Informant Mrs. Pauline Keightley

(b) Address 4292 Kossuth Ave.

17. (a) Burial (b) Date thereof 4-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME

(b) Address 4828 Natural Bridge Blvd.

19. (a) APR 12 1944 J. J. Bredesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10th
year 1944 hour 4:10 minute P. M.

21. I hereby certify that I attended the deceased from Apr. 2nd
1944 to April 10th 1944
that I last saw him alive on Apr. 9th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death:
Asphyxia =
Cerebral Haemorrhage } Non Traumatic
Due to Arterial Sclerosis } 2 hem 8 days

Due to.....
Due to.....

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations.....
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?

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

23. Signature Alfred H. Yowler (M. D. or other)
Address 424 N. Pleasant Date signed 4/11/44

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

MOTHER FATHER

4244 N. St. Louis
1-2-09

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 John Ketter
Licensed Embalmer No. 2882
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.