

FILED MAY 25 1944

Registration District No. **318** Primary Registration District No. **100** Registrar's No. **AG56**

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 8925 Scott Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ella A. Keck
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 18th
year 1944 hour 10:45 minute P.M. M.

4. Sex Female Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edwin E. Keck
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased: Jan. 7th 1904
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 17, 1944 to May 18, 1944
that I last saw her alive on May 18, 1944
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
40 4 11 hr. min.

Immediate cause of death Pneumonia
Duration 3 days

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Comptometer Operator

Due to.....
Due to.....
Other conditions Paralysis agitans
(Include pregnancy within 3 months of death)

MOTHER FATHER
11. Industry or business.....
12. Name Unknown Beckman
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

16. (a) Informant Edwin E. Keck
(b) Address 8925 Scott Ave.
17. (a) Burial (b) Date thereof 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Gardens
18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAY 20 1944 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

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 Jois S. Woolsey (M. D. or other) M.D.
Address 4952 Maryland Ave Date signed May 19, 1944

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

Dr. Klemme

4950 Maryland Ave

11-1

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 Richard W. Storrs

Licensed Embalmer No. 4007

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.