29316

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 15 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19887

Registration District No. 818 | Primary Registration District No. 1003 | Registrar's No. 6020

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 17 9

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

(d) Street No. 2257 S. Jefferson Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William Keller

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mabel Keller

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased January 19, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	5	14	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER

12. Name Eli Keller

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

14. Maiden name Helen Brown

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

16. (a) Informant Edward Keller

(b) Address Jonesboro, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-5-44 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) JUL 5 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1944 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from June 24th, 1944 to July 3rd, 1944 that I last saw him alive on July 3rd, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage — Gastric ulcer. Duration since 6-24-44

Due to

Due to Bronchial Pneumonia since 7-1-44

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Gastric ulcer with Acute Al. Bleed Bronchial Pneumonia

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 N. F. Dubois (M. D. or other)
Address 1515 Lafayette Date signed 7/5/44

(Licensed Embalmer's Statement on Reverse Side)

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NOV 1 1948

NOV 3 1948

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 Albert G. Hobbs

Licensed Embalmer No. 2971

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.