

FILED DEC 5 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. _____

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
(Specify whether _____)
In this community _____
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. 4521 Harris Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

George F. Keck

3. (b) If veteran,

name war None

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 Alma

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased

(Month) 2

(Day) 3

(Year) 1884

8. AGE:

Years 60

Months 9

Days 20

If less than one day

hr. _____ min.

9. Birthplace

St. Louis

Mo.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Police Officer

11. Industry or business

12. Name George F. Keck

13. Birthplace Unknown

Germany

(City, town, or county)

(State or foreign country)

14. Maiden name Eliza Hunnecker

15. Birthplace Unknown

Germany

(City, town, or county)

(State or foreign country)

16. (a) Informant Mrs Alma Keck

(b) Address 4521 Harris Ave

17. (a) Burial

(b) Date thereof 11/27/44

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) NOV 25 1944

(b) J. F. Prebeck

(Registrar's signature)

20. DATE OF DEATH: Month November day 23rd

year 1944 hour 12:00 No. am M.

21. I hereby certify that I attended the deceased from

Nov. 3, 1944 to Nov. 23, 1944

that I last saw him alive on Nov. 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Uremia

Due to Chronic hepatitis
Diabetes mellitus

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

2 days

1 yr

16 yrs.

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 0

23. Signature Arthur S. Slocum (M. D. or other) M.D.

Address 220 S. University St. Date signed 11/24/44

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

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 Gustav W. Deutch

Licensed Embalmer No. 4329

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.