

FILED MAR 16 1945

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2150**

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:
6836 Glades Avenue.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

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

4. Sex **Female** / 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Jacob Keth.**
 6. (c) Age of husband or wife if alive **Dec'd** years
 7. Birth date of deceased **October 25, 1863.**
(Month) (Day) (Year)

8. AGE: Years **81** Months **4** ~~7~~ If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
 12. Name **Henry Klaegert.**
 13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
 14. Maiden name **Dont Know.**
 15. Birthplace **Philadelphia, Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lillie Kalthoff.**
 (b) Address **6834 Glades Avenue.**

17. (a) **Burial** (b) Date thereof **3-8-1945.**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Harry J. Askemeyer.**

(b) Address **49 Crestwood Avenue, Clayton, Mo.**

19. (a) **MAR 6 1945** (b) **J. F. Besdach**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **17**
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **6836 Glades Avenue.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **5th.**
 year **1945** hour **10** minute **A.M.** M.

21. I hereby certify that I attended the deceased from **Nov 9-1944**
 _____, 19____ to **March 5th 1945**
 that I last saw him alive on **March 4th** 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial degeneration**
 Due to **My fortation**

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 **Clarence H. ...** (M. D. or nurse)
 Address **1927 - main** Date signed **3-6-45**

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..... *Rex P. Campbell*

Licensed Embalmer No. *3881*

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.