

FILED APR 23 1945

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1003

Registration District No. \_\_\_\_\_ Primary Registration District 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:  
3515 Arsenal Avenue  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 months  
(Specify whether years, months or days)

In this community 50 years

3. (a) PRINT FULL NAME Emma L. Keller

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife James T. Keller 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased 7 14 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>8</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Francis Marian Lewis

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

14. Maiden name Catherine T. Carney

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

16. (a) Informant James T. Keller

(b) Address Creve Coeur, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-10-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Alexander Sons  
(b) Address 6175 Delmar Boulevard

19. (a) APR 9 1945 (Date received local registrar) (b) J. F. Bredbeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Creve Coeur  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April Day 8 Year 1945 hour 3:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 1934 to April 8 1945  
that I last saw her alive on April 8 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular renal Duration \_\_\_\_\_

Due to Arteriosclerosis 1940

Due to Post encephalitis - non epileptic 1937

Other conditions Psychitis 1940 Old tubercular  
(Include pregnancy within months of death)

Major findings: Jandicia 1944 Glaucoma 1945 PHYSICIAN \_\_\_\_\_

Of operations none

Of autopsy none

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 \_\_\_\_\_

23. Signature Fred W. Clark (M. D. coroner) Date signed 3-9-45  
Address 868 Hamilton Blvd Date signed 3-9-45

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

100  
17  
9

**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 *Jos. E. McCulloch*.....  
Licensed Embalmer No. *2460*.....

P. O. Address *6175 Pellmar*.....

**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.**