

S. No. 2
 OM-8-43
 v. 5-17-39
 X37823

18136

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 14 1945
 Registration District No. _____

Primary Registration District No. 4-1-1-6076

Registrar's No. 18

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

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Elleville, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Sunset Sanitoriam
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 26
 In this community Lived in Steelville (Specify whether
 years, months or days) 20 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Crawford
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) Citizen of foreign country? American (Yes or No)
 If yes, name country Lived here 30 years

3. (a) PRINT FULL NAME Newton C. Keithly
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5th day 3
 year 1945 hour 12:50 p. minute M
 21. I hereby certify that I attended the deceased from 4-1-45
 _____, 19____, to _____, 19____;

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Anna V Keithly 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: 11/1/1859
 (Month) (Day) (Year)

that I last saw him alive on 4/1/45, 19____, and that death occurred on the date and hour stated above.
 Immediate cause of death acute cardiac dilatation

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>6</u>	<u>3</u>	hr. _____ min. _____

Due to myocarditis
 Due to _____

9. Birthplace St. Charles Co. Mo
 (City, town, or county) (State or foreign country)

Other conditions Senile dementia
 (Include pregnancy within 3 months of death) 6 mo.

10. Usual occupation None
 11. Industry or business None
 12. Name Samuel Keithly
 13. Birthplace St. Charles Co. Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Darst
 15. Birthplace St. Charles Co. Mo
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings: 9321
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Addie Keithly Rapps
 (b) Address Steelville, Mo
 17. (a) Pleasant Point (b) Date thereof 5/5/45
 (Burial; cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Pleasant Point
 18. (a) Signature of funeral director L. J. Jonas
 (b) Address Steelville, Mo
 19. (a) Stevens (b) H. H. Schwarder
 (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) (c) Means of injury _____
 23. Signature R. Wheslie (M. D. or other) MD
 Address St. Louis, Mo Date signed 5/9/45

RECEIVED

District Health Officer No. 5.

District File Number 645288

Date Filed 6-13-45

JAN 17 1946

APR 9 1946

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 R. J. Jones, Registered Apprentice No. _____, working under my personal supervision.

Signed R. J. Jones
Licensed Embalmer No. 2379
P. O. Address Steville 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.