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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18897

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4690

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:
3446 S. Jefferson Ave
(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)

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. 3446 S. Jefferson Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Keller

3. (b) If veteran, name war *******

3. (c) Social Security No. 326-03-1089

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased November 12 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
68	6	13	hr. min.

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

10. Usual occupation Brewer

11. Industry or business Griesedieck Brothers

FATHER
12. Name Jacob Keller
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Rectanius
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hannah Keller
(b) Address 3446 S. Jefferson Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28th. 1945
(Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenheim Bros.
(b) Address 6409 Gravois Ave

19. (a) MAY 28 1945 J. F. Bridack
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day May
year 1945 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from June 1945, to May 25, 1945; that I last saw him alive on May 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebrum of liver	8 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 A. M. Frank (M. D. or other) M.D.
Address 3651 Grandel Pl. Date signed May 27 1945

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. M. Brand
Lutheran Hospital
9 to 11

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 Homer W. Fritz

Licensed Embalmer No. 3882

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.