

FILED JUL 23 1945

Registration District No. 272

Primary Registration District No. 3066

Registrar's No. 1781

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Old Folks Home, 5
(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 Mo (b) County St. Louis 41

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

(d) Street No. 711 S. Kirkwood Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Minnie Keck

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Adam Keck

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

7. Birth date of deceased Feb 18 1867
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Retired,

11. Industry or business _____

MOTHER FATHER

12. Name August Maetzfeld

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Selma Weber

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Records, Old Folks Home,

(b) Address Kirkwood, Mo.,

17. (a) Burial (b) Date thereof 7-14-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director LOUIS H. BOPP INC.

(b) Address Kirkwood, Mo.,

19. (a) 7-16-45 (b) E. B. McFarman M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 2 - 1945, to July - 12 - 1945;
that I last saw him alive on July 8 - 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Gastric Hemorrhage,
Due to Carcinoma of Gall Bladder,

Duration 1 hr

Due to _____
Due to 46 f

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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Arthur W. Westrey (M. D. or other) _____
Address Wabash Kansas Mo Date signed 7-13-45

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 Felix Lusvard

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.