S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

38926

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39362

FILED JAN 11 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11539

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 710
(If outside city or town limits, write "RURAL")

(d) Street No. 4223 Pleasant St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME LIZZIE KEITZ

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 1

5. Color or race white

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

6. (b) Name of husband or wife Bernard

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

7. Birth date of deceased March 30, 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
83	8	27	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Schuster
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Augustt Brune

(b) Address 4223 Pleasant St.

17. (a) burial (b) Date thereof 12-31-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Beiderwieden F.H. Inc.

(b) Address 1936 St. Louis Ave.

19. (a) DEC 29 1945 (b) J. F. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 27th
year 1945 hour 5:00 minute P M.

21. I hereby certify that I attended the deceased from 12/19/45
, 19 , to 12/27/45 , 19 ;
that I last saw her alive on 12/27/45 , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Anteriosclerotic Heart Disease

Due to

Due to

Other conditions Senile Psychosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Means of injury)

23. Signature R. L. Stubblefield (M. D. or other)

Address 1515 Lafayette Date signed 12/28/45

(Licensed Embalmer's Statement on Reverse Side)

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 J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St Louis

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.