

FILED JAN 5 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11343**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4503 Louisiana Ave. /
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William J. Keller

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male / 5. Color or race White

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

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased April 25 1882
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 28
If less than one day hr. _____ min. _____

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

10. Usual occupation Confectioner

11. Industry or business _____

MOTHER FATHER { 12. Name Charles Keller

13. Birthplace St. Louis Mo. /
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Dreher

15. Birthplace St. Louis Mo. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Keller

(b) Address 4503 Louisiana Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Walter Alder

(b) Address 3634 Gravois Ave.

19. (a) DEC 26 1945 (Date received local registrar) J. F. Bredock (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4503 Louisiana Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 23
year 1945 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10 AM Dec 23, 1945 to 4:30 PM Dec 23, 1945
that I last saw her alive on Dec 23, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 6 1/2 hrs

Due to _____

Due to _____

Other conditions and a Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

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 Frank J. Stange M.D. (M. D. or other)

Address 3924 St. Bernard, 121 St. Louis 8 Date signed 12/24/45

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

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..... *Frank J. Deland*.....
Licensed Embalmer No. *2675*.....
P. O. Address..... *St Louis 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.