

FILED JAN 11 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH

(a) County St. Louis Mo.

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

(c) Name of hospital or institution City Hospital
(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 _____

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

(d) Street No. 615 Walnut St.
(If rural, give location)

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

3. (a) PRINT FULL NAME John Keisko

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 41 1/2 years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Nov day 23rd year 1945 hour _____ minute 4 M. am.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE 49 Years Months Days If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business unknown

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. A. Cullinan
(b) Address 300 Clark

17. (a) Anatomical Board (Date thereof 12-5-45)
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph

18. (a) Signature of funeral director [Signature]
(b) Address 300 Clark

19. (a) DEC 28 1945 (b) J. F. Bredich
(Date received local registration) (Registrar's signature)

Immediate cause of death _____

Due to Lung Abscess

Due to Carcinoma of Stomach

Other conditions W. M. D.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy H6

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 [Signature] (M. D. or other) _____
Address [Address] Date signed 12/23/45

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.....

Licensed Embalmer No.....

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.