

No. 2
I-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE, THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS, STANDARD CERTIFICATE OF DEATH

17825

FILED JUN 13 1948

State File No. _____

Registration District No. 300

Primary Registration District No. 3058

Registrar's No. 95

1. PLACE OF DEATH:
(a) County St. Charles
(b) City or town St. Charles
(c) Name of hospital or institution: St. Joseph Hospital
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(d) Street No. 1107 Lindenwood
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME John Henry Keithly
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24
year 1946 hour 1 minute 45 P.M.
21. I hereby certify that I attended the deceased from 5-24 1946 to 5-24 1946
that I last saw him alive on 5-24 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race _____
6. (a) Single, widowed, married, divorced _____
(b) Name of husband or wife _____
(c) Age of husband or wife if alive _____ years

Immediate cause of death Julio Uterine Edema
Due to Malignal Toxemia
Due to R.H. neg. Toxemia
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 10 min. _____
9. Birthplace St. Charles Missouri
(City, town, or county) (State or foreign country)

11. Industry or business _____
12. Name Kenil John Keithly
13. Birthplace Howell Missouri
14. Maiden name Dernice S. Willerding
15. Birthplace Wentzville Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Vincent Keithly
(b) Address St Charles Mo.
(c) Place: burial or cremation St Charles Mo
18. (a) Signature of funeral director E. K. K. K.
(b) Address Fullan Mo.
19. (a) June 3-46 (Date received local registrar) (b) Frank Hamilton (Registrar's signature)

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? _____
(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 Hamilton (M. D. or other)
Address St Charles Mo. Date signed 5-25-46

284 (Licensed Embalmer's Statement on Reverse Side)

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

2
9
3

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed..... 6-12-46

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.