

S. No. 2
M-5-43
7-5-17-39
P I X36671

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

State File No. **21898**
Registrar's No. **4938**

FILED JUN 20 1946
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(c) Name of hospital or institution: **St. Johns Hospital**
(d) Length of stay: **27 Days**
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **St. Louis**
(c) City or town **WEBSTER GROVES**
(d) Street No. **#27 So. Elm Ave.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Bruce Patrick Kellerman**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Maled** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **April 19, 1946**
(Month) (Day) (Year)

8. AGE: Years _____ Months **1** Days **18** If less than one day hr. _____ min. _____

9. Birthplace **Webster Groves Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name **Edward Dovey Kellerman**
13. Birthplace **Webster Groves Mo**
14. Maiden name **Blanche Crowley**
15. Birthplace **St. Louis Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward Dovey Kellerman**
(b) Address **27, South Elm Ave. (Webster)**
17. (a) **Burial** (b) Date thereof **1-3-46**
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindale Blvd**
19. (a) **JUN 2 1946** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1st**.
year **1946** hour **12** minute **05 P.M.**
21. I hereby certify that I attended the deceased from **May 10** to **6/1/46**
that I last saw him alive on **6/1/46** and that death occurred on the date and hour stated above.

Immediate cause of death **Angina Struxis**
Due to **27**
Due to **27**
Other conditions **Bronchopneumonia**
Major findings: **Myocardial infarction 2 weeks**
Of autopsy _____
Duration **Life**
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 **J. P. ...** (M. D. or other) _____
Address **425 2nd ...** Date signed **6/1/46**

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.