

FILED NOV 13 1946

Registration District No. 33

Primary Registration District No. 3010

Registrar's No. 364

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

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 143 S. Henderson Ave.

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not in Hospital

In this community 57 years

(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir.

(c) City or town Cape Girardeau

(If outside city or town limits, write "RURAL")

(d) Street No. 143 S. Henderson

(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Henry Martin Keller

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hermena Louise Keller

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 7 1889

(Month) (Day) (Year)

8. AGE:	Years <u>57</u>	Months <u>9</u>	Days <u>26</u>	If less than one day
				hr. min.

9. Birthplace Cape Girardeau Mo.

(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name John Keller

13. Birthplace Cape Girardeau Mo.

(City, town, or county) (State or foreign country)

14. Maiden name Louise Frye

15. Birthplace Germany

(City, town, or county) (State or foreign country)

16. (a) Informant M. B. Keller

(b) Address Cape Girardeau, Mo.

17. (a) Burial (b) Date thereof 11-4-46

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran Cemetery

18. (a) Signature of funeral director M. B. Stenberg

(b) Address Cape Girardeau, Mo.

19. (a) 11-5-1946 (b) C. G. Summers

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 2

year 1946 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 1946 to Nov 1 1946

that I last saw him alive on Nov 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to hypertension

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 C. G. Summers (M. D. or other) \_\_\_\_\_

Date signed 11/4/46

RECEIVED

District Health Officer No. 4  
District File Number 1146-2840  
Date Filed 11-12-46

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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

*A. J. Lovberg*

Licensed Embalmer No.

3810

P. O. Address

*Cape Girardeau, 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.