DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42000

State File No.

Registration District No. 367

Primary Registration District No. 6076

Registrar's No. 3557

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8743 McKenzie Rd.
(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) life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Affton
(If outside city or town limits, write "RURAL")
(d) Street No. 8743 McKenzie
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Emelia C. Keller

3. (b) If veteran, name war XXXXXXXXXXXXXXXXXXXXXXXXXXX

3. (c) Social Security No.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Louis J.

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

7. Birth date of deceased March (Month) 21 (Day) 1873 (Year)

8. AGE: Years 73 | Months 8 | Days 29 | If less than one day ____ hr. ____ min.

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

10. Usual occupation housewife

11. Industry or business ____

FATHER
12. Name Henry J. Weber
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Sutter
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Walter H. Keller
(b) Address 6337 Darlow Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-23-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Lucas Cemetery

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) 12-24-46 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20 year 1946 hour 7 minute 50 P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1946, to Dec 20, 1946 that I last saw her alive on Dec 20, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gangrene L foot	4 day
Due to: Infarct	5 day
Due to: Veneris & Ulcers of leg	27 years
Other conditions: La Grippe 12-3 to 12-15 (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? —
(Specify type of place)
While at work? — (e) Means of injury —

23. Signature Walter H. Kelley (M. D. ~~or other~~)
Address 9915 Gravois Date signed 12/21/46

(Licensed Embalmer's Statement on Reverse Side)

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. Swan

Licensed Embalmer No. R245

P. O. Address. St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.