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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6526

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1344

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
4944 A. Odell Ave
(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 Missouri (b) County 600

(c) City or town St. Louis 1317
(If outside city or town limits, write "RURAL")

(d) Street No. 4944 A. Odell Ave 9
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME William L. Keepfer

3. (b) If veteran, name war ******

3. (c) Social Security No. *******

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased August 10 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days ~~28~~ 27 If less than one day hr. min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Electrotyper

11. Industry or business Retired

FATHER
12. Name Lorenz Keepfer 9
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Schreiber 4
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Doris Hackel

(b) Address 4944 A. Odell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Ziegenhein Bros

(b) Address 6409 Gravois Ave

19. (a) FEB 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day February
year 1947 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from April 2 1st, 1946 to Febr. 7, 1947
that I last saw him alive on December 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death heart failure

Due to Carcinoma Esophagus 9 months

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature Chas. H. Heinsberg (M. D. ~~or other~~)

Address 3232 Lafayette Date signed 11-8-47

(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.....Homer W. Fritz.....

Licensed Embalmer No.....3882.....

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.