. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947
#50595

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25722

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6575

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: City Hospital
(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

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

(d) Street No. 1908 Blair Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALEX KESKES

3. (b) If veteran, name war

3. (c) Social Security No. 489-12-4977

4. Sex Male

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 January 1-1900
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	6	10	hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business

FATHER
12. Name Vincent Keskes
13. Birthplace Lithuania
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ursula Usevicz
15. Birthplace Lithuania
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Keskes
(b) Address 1759 Fashion, Long Beach, Cal.

17. (a) Burial (b) Date thereof July 14-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Mordell
(b) Address 1926 Allen Avenue

19. (a) JUL 12 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1947 hour 2:50 minute P M.

21. I hereby certify that I attended the deceased from 7/2/47
, 19, to July 11th 1947;
that I last saw him alive on July 11th 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, pulmonary, 9 A

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 Adolfina Melo, (M. D. or other)
Address 1515 Lafayette Date signed 7/11/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

ADOLFINA MELO

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 _____ Me _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.