FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947 #64719

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29188

Primary Registration District No. 1003

Registrar's No. [illegible]

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 weeks (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

Street No.: 5344 Zealand Av e. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME: John Keim

3. (b) If veteran, name war: none

3. (c) Social Security No.:

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Deceased

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

7. Birth date of deceased: May (Month) 5 (Day) 1873 (Year)

8. AGE: Years 74 Months 3 Days 7 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Stacker, Gaylord Containe

11. Industry or business:

FATHER 12. Name: Philip Keim

13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Katerine Schnitz er

15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: John G. Keim

(b) Address: 1910 McLaren Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-16-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Friedens Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son

(b) Address: 2161 Fair Ave.

19. Date received by registrar: AUG 14 1947 (b) Registrar's signature: J. F. Bredeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12th year 1947 hour 10:15 minute P M.

21. I hereby certify that I attended the deceased from 7/28/47, 19..., to Aug. 12th, 19 47 that I last saw him alive on Aug. 12th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 weeks
Due to: Hypertensive Cardio-vascular disease	6 yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: K. D. Gregory (M. D. or other)

Address: 1515 Lafayette Date signed: 8/13/47

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

WRITE PLAINLY—USING 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 William G Burkhol

Licensed Embalmer No. 2110 S

P. O. Address St. Louis M

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

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