

**FILED SEP 8 1947**  
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2314**

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:  
**5029 Miami St.**  
(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 **Mo.** (b) County **Wood**

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

(d) Street No. **5029 Miami St.**  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **JAMES A. KEITHLY**

3. (b) If veteran, name war **None**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **29**  
year **1947** hour **9:30** minute **0** P. **M.**

21. I hereby certify that I attended the deceased from **Mar - 1941**, 19 **Aug - 29 - 1947**  
and that death occurred on the date and hour stated above. **Aug - 15 - 1947**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Anna**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Apr. 4 1885**  
(Month) (Day) (Year)

Immediate cause of death **Chronic Myo- & Cardio Carditis**

Due to.....

Due to.....

Other conditions **Chronic Nephritis & Myocarditis**  
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<b>62</b>	<b>4</b>	<b>25</b>	br. min.

PHYSICIAN

Major findings:  
Of operations.....

Of autopsy **no**

Underline the cause of which death should be charged statistically.

9. Birthplace **O'Fallon Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Building Contractor**

11. Industry or business **Keithly Construction Co.**

MOTHER FATHER

12. Name **Lee Keithly**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Dona Riley**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna M. Keithly**  
(b) Address **5029 Miami St.**

17. (a) **Burial** (b) Date thereof **9-2-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hiram Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**  
(b) Address **4228 So. Kingshighway Bl. SFP - 11947**

19. (a) **SFP - 11947** (b) **J. P. Bredbeck**  
(Date received local registrar) (Registrar's signature)

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 **J. P. Bredbeck** (M. D. or other)  
Address **2515 Kingshighway** Date signed **8-30-47**

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.....

*Edwin M. Bernatt*

Licensed Embalmer No..... *3034* .....

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.