S. No. 2
—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 3127

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

33191

State File No.

Registrar's No. 1931

1. PLACE OF DEATH:
(a) County: St. Louis County
(b) City or town: Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis Co. 96
(c) City or town: Maplewood (If outside city or town limits, write "RURAL") 5
(d) Street No.: 2019 Berkeley (If rural, give location) 3
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME: Samuel Keller
3. (b) If veteran, name war:
3. (c) Social Security No.

4. Sex: Male
5. Color or race: Colored
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Leona
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Sep. (Month) 7 (Day) 1890 (Year)

8. AGE: Years 56 Months 11 Days 29 If less than one day hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business

FATHER
12. Name: Alexander Keller
13. Birthplace: (City, town, or county) La. (State or foreign country) 1

MOTHER
14. Maiden name: Ida Bilicky
15. Birthplace: ~~Bellevue~~ (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant: Beverly Keller
(b) Address: 2019 Berkeley
17. (a) Burial: (Burial, cremation, or removal) (b) Date thereof: Sep 13 - 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park
18. (a) Signature of funeral director: Theodore F. Gaebel
(b) Address: 3813 Gravois Ave St. Louis Mo
19. (a) 9-15-47 (Date received local registrar) (b) Bertha Shaffner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep. day 6 year 1947 hour 1 minute 23 A.M.
21. I hereby certify that I attended the deceased from Sep. 4, 1947 to Sep. 6, 1947; that I last saw him alive on Sep. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Fulminating Lobar Pneumonia	
Due to: Fulminating Lobar Pneumonia	
Due to: 104	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: Consolidation of left lung.
Pneumonia.

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: R. L. Berdeen (M. D. or other)
Address: 601 Brentwood Blvd Date signed: 9/8

Jefferson City Printing Co.

(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: Theodore T. Vandell

Licensed Embalmer No. 4243

P. O. Address No 74 Waymire St Webster Groves Mo

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.