V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39822

FILED NOV 23 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10174

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: City Infirmary Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (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

(d) Street No.: 4324 A Aldine (If rural, give location) 9

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

3. (a) PRINT FULL NAME: Edward Keaton

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

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

4. Sex: Male

5. Color or race: Col

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

6. (b) Name of husband or wife: Molly Keaton

6. (c) Age of husband or wife if alive: 70 years

7. Birth date of deceased: Sept. (Month) 28 (Day) 1876 (Year)

8. AGE: Years 71 | Months 1 | Days 12 | If less than one day ..... hr. ..... min.

9. Birthplace: Vallie Mines (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: --

MOTHER FATHER

12. Name: John Keaton

13. Birthplace: Flat River MO? (City, town, or county) (State or foreign country)

14. Maiden name: Eliza. Baker

15. Birthplace: French Village, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: City Infirmary Hosptal

(b) Address: 5800 Arsenal ST

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-14-47 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters Cemetery

18. (a) Signature of funeral director: Chas. J. Gates

(b) Address: 4107 Firney Av

19. (a) NOV 14 1947 (Date received local registrar) (b) J. J. Bredeck (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 10-16 1947 to 11-10 1947 that I last saw him alive on 11-10 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
cerebral hemorrhage	
Hypertension	
Due to	
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? ..... While at work? ..... (Specify type of place) (e) Means of injury .....

23. Signature: Warren C. Lewis (M. D. ~~or other~~) Address: 5600 Arsenal Date signed: 11-11-47

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 John K. Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1825

P. O. Address 4107 Finney 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.