S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43190

Registrar's No. 12082

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis 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 000

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

(d) Street No. 3632 Shenandoah 9
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ralph Keeton

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased September (Month) 13 (Day) 1889 (Year)

8. AGE: Years 58 Months 3 Days 17 If less than one day hr. min.

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

10. Usual occupation Bartender

11. Industry or business

FATHER
12. Name John H. Keeton
13. Birthplace Chattanooga (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Ellen Brown
15. Birthplace Colconda (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Ova Roberts
(b) Address 1922 N. Grand

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Golconda, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JAN 2 1948 (Date received local registrar) (b) J. B. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31 year 1947 hour 11 minute 008 M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Cerebral Apoplexy

Due to

Other conditions (Include pregnancy within 3 months of death) 108

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 Patrick E. Taylor (M. D. or other)

Address Deg Coroner Date signed 1/2/48

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

JAN 3 1951

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 Elmo R. Caldwell

Licensed Embalmer No. 4077

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.