S. No. 2
I—1/47
, 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43659

Registration District No. 317 — Primary Registration District No. 3063 — Registrar's No. 2714

1. PLACE OF DEATH:
(a) County: Clayton
(b) City or town: St Louis County (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: StOLâuis County Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: D.O.A. (Specify whether years, months or days) In this community: 8

2. USUAL RESIDENCE OF DEACESED:
(a) State: Mo (b) County: 000
(c) City or town: St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 5128 Page (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No) 2
If yes, name country:

3. (a) PRINT FULL NAME: Joseph G Keitz
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: D 3
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Mar (Month) 19 (Day) 1884 (Year)
8. AGE: Years 63 | Months 9 | Days 5 | If less than one day hr. min.
9. Birthplace: St Mary's (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation: Salesman
11. Industry or business:
MOTHER FATHER
12. Name: John T Keitz
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
14. Maiden name: Mary Garrett 1
15. Birthplace: Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant: Carl Lundvall 1
(b) Address: 4634a Loughborough
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: J L Ziegenhein & Sons
(b) Address: 7027 Bravois
19. (a) 12-29-47 (Date received local registrar) (b) Emil A Schaefer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 24 year 1947 hour minute 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: comminuted fractures of both legs and injuries to chest and brain suffered when struck by xxxx automobile 1 6

Due to: 1700 61

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

Major findings:
Of operations:
Of autopsy: same

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): Accident
(b) Date of occurrence: Dec. 24, 1947. 96
(c) Where did injury occur? Pine Lawn, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Road (Specify type of place)
While at work? Means of injury: Blunt impact
23. Signature: Arnold J. Wellmann Coroner (M.D. or other) 3
Address: Clayton, Mo. Date signed: 12/29/47

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 _____ Registered Apprentice No. _____, working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. _____

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.