No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2703

State File No. 1092

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

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

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: 6976 Hi-View Ave.
(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 Ill. (b) County 999
(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")
(d) Street No. Box 283 McBride Ave. Rt. 1 U
(If rural, give location)
(e) Citizen of foreign country? N.R. (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME Ella May Keehn
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank E. Keehn
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased Jan. 1, 1890 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	58	0	30	hr. min.

9. Birthplace McDonald, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business
FATHER
12. Name George Carver
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Frank E. Keehn
(b) Address North Dupo, Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/48 (Month) (Day) (Year)
(c) Place: burial or cremation Belleville, Ill
18. (a) Signature of funeral director Paschedag-Henke
(b) Address 2825 N. Grand Blvd.
19. (a) FEB 3 1948 (Date received local registrar) (b) J. F. Brodick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31, year 1948 hour 11 minute OOP M.

21. I hereby certify that I attended the deceased from Sept 25, 1946, to her death 1/31, 1948; that I last saw her alive on Jan 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Left ventricular failure	1 hr
Due to aortic regurgitation	?
Due to luetic heart disease	?
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? (Specify type of place)
While at work (e) Means of injury U

23. Signature Julius Jueser (M. D. or other) MD
Address 3720 Washington Ave St Louis Mo Date signed 2/2 48

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 Elmo R. Cadwell

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.