No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 3707

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 3

Registrar's No. 146

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bon Homme Restorium, 9564 Old Bon Homme Rd (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days (Specify whether years, months or days)
In this community 8 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Mexico (If outside city or town limits, write "RURAL")
(d) Street No. 636 W. Monroe Street (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Freeland Keath
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced W.
6. (b) Name of husband or wife Edw. Keath, Dec.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 17 (Day) 1874 (Year)

8. AGE: Years 73 Months 5 Days 29 If less than one day hr. min.

9. Birthplace near Triplett, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Benj. H. Shipp
13. Birthplace Unk. U. S. A. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Oxley
15. Birthplace Mo. ? (City, town, or county) (State or foreign country)

16. (a) Informant Howard B. Keath
(b) Address 8133 Kingsbury, Clayton 5, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 1-19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Mo.
18. (a) Signature of funeral director Alexander Sims
(b) Address 6175 Delmar
19. (a) 1-22-48 (Date received local registrar) (b) Cecil A. Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16 year 1948 hour 4: minute 30 A.M.
21. I hereby certify that I attended the deceased from 8/23/43, 19..., to ..., 19...; that I last saw her alive on 12/16/47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Coronary occlusion — 1 hr.
Due to Arteriosclerosis — 8 yrs.
Due to Agitated depression, Psychosis.
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy no

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 A. Victor Kerse (M. D. or other)
Address Webster Groves, Mo. Date signed 1/17/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1948

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 Jos. E McCulloh

Licensed Embalmer No. 2466

P. O. Address 6175 Delma

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.