. S. No. 300
0M—10-47
ev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 4 1948

Registration District No. 618

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6568

Registrar's No. 1736

**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: 5409 Arlington Ave.
(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 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5409 Arlington Ave. 4
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Edward W. Keersemaker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife

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

7. Birth date of deceased December (Month) 7 (Day) 1869 (Year)

8. AGE: Years 78 Months 2 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Keersemaker
13. Birthplace Holland (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Unknown
15. Birthplace Holland (City, town, or county) (State or foreign country) 4

16. (a) Informant John L. Keersemaker
(b) Address 5409 Arlington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-21-48 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.
(b) Address 2161 E. Fair Ave.

19. (a) FEB 19 1948 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 18 year 1948 hour 12 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 15 1947 to Feb 18 1948; that I last saw him alive on Feb 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Chronic Myocarditis — Don't Know

Due to arterio sclerosis — Don't Know

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN: Underline the cause to 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 0

23. Signature R. R. Minover (M. D. or other) MD

Address 5330 Geraldine Ave. Date signed 2-19-48

(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 Wilfred F. G. Buchholz, Registered Apprentice No. 1, working under my personal supervision.

Signed Gustav W. Dietrich

Licensed Embalmer No. 4329

P. O. Address St. Louis Mo.

**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.**