

No. 2
-1/47
3-17-39

10346

FEDERAL BUREAU OF INVESTIGATION

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State and No. *10346*

FILED MAR 25 1948

1003

Registrar's No. 2699

Registration District No. *318*

Primary Registration District No. *1003*

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:
Park Lane Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution.....
In this community 79 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cook
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No. 442 Labadie Ave.
(If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Germany

3. (a) PRINT FULL NAME Elizabeth A. Keller

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 wid
6. (b) Name of husband or wife John X. Keller
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Feb 10 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
92 1 6 ..hr.min.

9. Birthplace Germany (City, town, or country) (State or foreign country) 4

10. Usual occupation Housework

11. Industry or business.....

12. Name Miller

13. Birthplace Germany (City, town, or country) (State or foreign country) 4

14. Maiden name Lind

15. Birthplace Germany (City, town, or country) (State or foreign country) 4

16. (a) Informant Erma Kamps
(b) Address 4442 Labadie Ave.,

17. (a) Burial (b) Date thereof 3-19-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Alvin F. ...
(b) Address ...

19. (a) MAR 18 1948 (b) J. F. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1948 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from 3-13-48 to 3-16-48, 19...
that I last saw him alive on 3-16-48, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Hyostatic Pneumonia 2 days
Senility

Due to 1861

Due to 1861

Other conditions Fracture Rt. Femur 3 days
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 3-13-48

(c) Where did injury occur? Clayton Mo. 96
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home by daughter fall
While at work? no (Specify type of place) (e) Means of injury fall

Signature James R. Meador (M. D. or other) no
Address 23 Central Clayton Date signed 2-16-48

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

MOTHER FATHER

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.....

..... Licensed Embalmer No. 4186

..... 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.