No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10347

FILED APR 3 1948

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2722

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: 3835a Dunnica St. 1
(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 Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3835a Dunnica St. 9
(If rural, give location)
(e) Citizen of foreign country? 16 (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Herman Keller
3. (b) If veteran, name war -- 3. (c) Social Security No. ---
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 5
6. (b) Name of husband or wife Sybilla 6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 30 (Day) 1852 (Year)

8. AGE: Years 95 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)
16. (a) Informant Marie Sittner
(b) Address 3835a Dunnica St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery
18. (a) Signature of funeral director Wacker-Heldele
(b) Address 3634 Gravois Ave.
19. (a) MAR 19 1948 (Date received local registrar) (b) J. F. Bordeaux (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
year 1948 hour 9 minute 40 AM.
21. I hereby certify that I attended the deceased from 2/28 1948 to 3/17 1948
that I last saw him alive on 3/17 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Myocarditis	1 yr
Arterio sclerosis	5 yrs
Due to	
Due to	
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) 0
While at work? (e) Means of injury
23. Signature Elze Simpson (M. D. or other) M.D.
Address 3739 Gravois (16) Date signed 3/17/48

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 Robert C Wheeler

Licensed Embalmer No. 2178

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.