No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 25 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10349

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 2629

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

1. PLACE OF DEATH:

(a) County: ST. LOUIS
(b) City or town: ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2513 N. BROADWAY / = REAR =
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: 1000
(c) City or town: ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2513 N. BROADWAY. = REAR 9
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: RUDOLPH KELLER

3. (b) If veteran, name war: NONE 0

3. (c) Social Security No.: NONE

4. Sex: MALE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: MARRIED

6. (b) Name of husband or wife: LYDIA KELLER

6. (c) Age of husband or wife if alive: 66 years

7. Birth date of deceased: NOV. (Month) 9TH (Day) 1888 (Year)

8. AGE: Years 59. Months 4. Days 7. If less than one day hr. min.

9. Birthplace: ST. LOUIS (City, town, or county) MO (State or foreign country) 0

10. Usual occupation: GENERAL LABOR

11. Industry or business:

FATHER
12. Name: JACOB KELLER.
13. Birthplace: ST. LOUIS (City, town, or county) MO. (State or foreign country) 0

MOTHER
14. Maiden name: ELIZABETH MEYERHOFF
15. Birthplace: BUFFALO (City, town, or county) NEW YORK. (State or foreign country) 1

16. (a) Informant: Nelsley Harris
(b) Address: 809 Hong Kong St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: MCH. 18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: CALVARY CEM.

18. (a) Signature of funeral director: Brockland Und. Co
(b) Address: 1827 HOGAN STR.

19. (a) MAR 1 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16TH year 1948. hour 12 10 minute A. M.

21. I hereby certify that I attended the deceased from Oct 23, 1945, to March 3, 1948, that I last saw him alive on March 3, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Hypertension, cerebral hemorrhage
disease

Duration: Several years

Due to:

Due to:

Other conditions: Diabetes mellitus
(Include pregnancy within 3 months of death)

Duration: Several years.

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 0

23. Signature: John J. Fitz M.D. (M. D. or other) M.D.
Address: 4203 Laclede Ave St Louis Date signed 3-16-48

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 K. Padwell

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.