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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31156 8067

FILED SEP 24 1948

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

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: 1019 Tillie Ave (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9

(d) Street No. 1019 Tillie Ave (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Mary Ann Keevil

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward P. Keevl

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased August 25, 1881 (Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mo. (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER 12. Name Heitzman

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Edward P. Keevil

(b) Address 1019 Tillie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/48 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair

19. (a) SEP 14 1948 (Date received local registrar) (b) J. F. Bracek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1948 hour 11:45 PM minute M.

21. I hereby certify that I attended the deceased from June, 1948, to Sept 11, 1948; that I last saw her alive on Sept 11, 1948; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary thrombosis

Cardiac failure

Due to Arteriosclerosis

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

23. Signature (M. D. or other)

Address 9.13-68-8201 N Broadway Date signed

(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 Glen W. Hal

Licensed Embalmer No. 3737

P. O. Address 2161 E. Fair Ch

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.