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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31157

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7836

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: St. John's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 wks. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Clayton 2
(If outside city or town limits, write "RURAL")

(d) Street No. 6300 Northwood 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME David Keiner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Rose

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

7. Birth date of deceased (unk) (Month) (Day) (Year)

8. AGE: Years ab65 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jos. Keiner
13. Birthplace (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Thelma (unk)
15. Birthplace (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mr. Milton Keiner
(b) Address 260 So. Brentwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/7/48 (Month) (Day) (Year)
(c) Place: burial or cremation Chesed Shel Emeth

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) SEP 7 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6
year 1948 hour 8 minute 45a M.

21. I hereby certify that I attended the deceased from Aug 15, 1948, to Sept 6, 1948
that I last saw him alive on Sept 6, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis - Chr

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Prostatic Hypertrophy
Of autopsy none

Duration

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 [signature] (M. D. or other)
Address Date signed Sept 6 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 ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Lewis L Ludwig

Licensed Embalmer No. 4229

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.