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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 19 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1005

State File No. 38306

Registrar's No. 9645

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: Pronounced dead at St. Louis City Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community 3

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County

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

(d) Street No. 2025a Arsenal St., (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Emma F. Keller,

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female,

5. Color or race White,

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

6. (b) Name of husband or wife Edward J. Keller,

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

7. Birth date of deceased October (Month) 14, (Day) 1877 (Year)

8. AGE: Years 71 Months -0- Days 20 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri, (State or foreign country)

10. Usual occupation At Home,

11. Industry or business

MOTHER FATHER

12. Name Jacob Kall,

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

14. Maiden name Minnie Clemens,

15. Birthplace Czecho-Slovakia. (City, town, or county) (State or foreign country)

16. (a) Informant Minnie Astin,

(b) Address 883 Queen Ann Pl. Glendale, Mo.

17. (a) Cremation, (Burial, cremation, or removal) (b) Date thereof 11/6/48 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory,

18. (a) Signature of funeral director Gebken-Benz Mortuary,

(b) Address 2842 Meramec St.,

19. (a) NOV 5 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4th year 1948 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Duration

Due to

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 Patrick E. Dayer Dep Cor (M. D. or other)

Address 1300 Clark Date signed Nov 5 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 me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Joe B. Berg

Licensed Embalmer No. 4249

P. O. Address: 2842 Meramec St., St. Louis, 18, 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.