

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 17 1949

State File No. 8946

Registrar's No. 18

52
53

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5595

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY JEFFERSON	
b. CITY OR TOWN RURAL ROCK TOWNSHIP		c. CITY OR TOWN RURAL ROCK TOWNSHIP	
c. LENGTH OF STAY (in this place) 50 YEARS		d. STREET ADDRESS (If rural, give location) NEAR KIMMSWICK MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME			
3. NAME OF DECEASED a. (First) CHARLES		b. (Middle) E	
c. (Last) KECK		4. DATE OF DEATH (Month) (Day) (Year) MAR 9 1949	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH FEB 23 1855
9. AGE (In years last birthday) 94		10. MONTHS () DAYS (15) HOURS () MIN. ()	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED FARMER	
11. BIRTHPLACE (State or foreign country) GERMANY		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME JOSEPH KECK		ADDRESS KIMMSWICK MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cor. Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Semility</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1940, to 3/8, 1949, that I last saw the deceased alive on 3/8, 1949, and that death occurred at 7-10 PM., from the causes and on the date stated above.			
23a. SIGNATURE <i>C. Reich md.</i>		23b. ADDRESS <i>Kimmswick Mo</i>	
23c. DATE SIGNED 3/9/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE MAR 10 1949	
24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY		24d. LOCATION (City, town, or county) (State) ST LOUIS MO	
DATE REC'D BY LOCAL REG. MAR 22 49		REGISTRAR'S SIGNATURE <i>Phil J. Kirk, 145</i>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS HEILIGTAG FUNERAL HOME KIMMSWICK MO	

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

1

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 8-16-69

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 _____

_____ Student Embalmer No. _____
working under my personal supervision.

Signed _____
Student Embalmer

Signed Elmer A. Halitag
Licensed Embalmer No. 3571
P. O. Address Hiramswich MD

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.