

FILED APR 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10253
2588

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) township) 0	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay	0
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital 0		d. STREET ADDRESS (If rural, give location) 780 Pardella ave. 1	

3. NAME OF DECEASED (Type or Print) a. (First) Gene b. (Middle) Helmut c. (Last) Keller			4. DATE OF DEATH (Month) (Day) (Year) March 22 1949		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH November 19 1930	9. AGE (In years last birthday) 18	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Bayliss Hi School	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME William J. Keller	13b. MOTHER'S MAIDEN NAME Vera Heinsius	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none 490-30-1878	17. INFORMANT'S SIGNATURE OR NAME ADDRESS William J. Keller 780 Pardella Lemay 23, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Terato-Carcinoma of the R. testicle with widespread metastases, lungs, liver, etc. DUE TO (c) 5/6		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 1949 X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from March 4, 1949, to March 22, 1949, that I last saw the deceased alive on March 22, 1949, and that death occurred at 3:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas Alex M.D.	(Degree or title)	23b. ADDRESS Jewish Hospital	23c. DATE SIGNED 3/22/49
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE March 28-1949	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

DATE REC'D BY LOCAL REG. MAR 22 1949	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister U. & L. Co. 7814 S. Broadway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student
Student Embalmer

Signed *Harry Schein*

Licensed Embalmer No. *2679*

P. O. Address *7874 Broadway*

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.