

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21256**  
**5713**

FILED JUL 15 1949

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
b. CITY OR TOWN <b>St. Louis</b>				a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township)			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>				N.Y. STREET ADDRESS (If rural, give location) <b>5206 Hodiamont Ave.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Walter</b>		b. (Middle) <b>- - -</b>		c. (Last) <b>Keck</b>	
4. DATE OF DEATH		(Month) <b>June</b>		(Day) <b>29</b>		(Year) <b>1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 21, 1898</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>0</b>	IF UNDER 1 YEAR Days <b>8</b>	IF UNDER 1 YEAR Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electrical</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gustave H. Keck</b>		13b. MOTHER'S MAIDEN NAME <b>Marie Germann</b>		14. NAME OF HUSBAND OR WIFE <b>Marie A. Keck</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Marie A. Keck, 5206 Hodiamont Ave.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia Bilateral</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atelectosis</b> DUE TO (c) <b>Intestinal obstruction</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Complete cecocolic obstruction</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 days</b> <b>2 da</b> <b>6 da</b> <b>2 da</b>	
19a. DATE OF OPERATION <b>6-21-49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Complete cecocolic obstruction from sigmoid abscess</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>120</b>			
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>578.50</b>			
22. I hereby certify that I attended the deceased from <b>6-20, 1949, to 6-21, 1949</b> , that I last saw the deceased alive on <b>6-21, 1949</b> , and that death occurred at <b>8:05A, m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. J. Verdamm, M.D.</b>				23b. ADDRESS <b>First Bldg</b>		23c. DATE SIGNED <b>6-30-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/2/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Memorial Gardens, St. Louis County, Mo.</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>JUL 1 1949</b>		REGISTRAR'S SIGNATURE <b>J. B. Rasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>			

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

1-30pm  
Jo 3800.

JUL 19 1949

**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.....

*John A. Mlexar*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4186*

P. O. Address *St. Louis 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.