

300
48

FILED AUG 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25675

BIRTH NO. 46748-45 REG. DIST. NO. 917 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1219

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Normandy	
c. LENGTH OF STAY (In this place) 1		d. STREET ADDRESS (If rural, give location) 7283 Natural Bridge Ave., Normandy, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital			

3. NAME OF DECEASED (Type or Print) BABY KEUHL			4. DATE OF DEATH (Month) (Day) (Year) 7 19 49		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) X		8. DATE OF BIRTH 7-19-49		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 5 min.	
-----------------------	--	----------------------------------	--	--	--	------------------------------------	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Normandy's, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
--	--	-----------------------------------	--	--	--	---	--

13a. FATHER'S NAME Ray Adolph Keuhl		13b. MOTHER'S MAIDEN NAME Florence Elizabeth Schroer		14. NAME OF HUSBAND OR WIFE Single	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ray Keuhl		ADDRESS 7004 Idlewild, Normandy	
---	--	--	--	---	--	---	--

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent-foramle Oalle				INTERVAL BETWEEN ONSET AND DEATH 5 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Generalized abdominal pain		DUE TO (b) acute myocardial infarction		DUE TO (c) see	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7543	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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?	

22. I hereby certify that I attended the deceased from 7-19-1949 to 7-19-1949, that I last saw the deceased alive on 7-19-1949, and that death occurred at 7:45 am, from the causes and on the date stated above.

23a. SIGNATURE E. E. Schmitt		(Degree or title)		23b. ADDRESS 6623 P. Leavelle St. St. Louis		23c. DATE SIGNED 7-19-49	
--	--	-------------------	--	---	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/21/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
--	--	-----------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. 7-20-49		REGISTRAR'S SIGNATURE Heulst R. Hande		25. FUNERAL DIRECTOR'S SIGNATURE Bromschwig and Son		ADDRESS 4746 W. Florissant	
--	--	---	--	---	--	--------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

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

He Embalming

Licensed Embalmer No. _____

P. O. Address. _____

Note: The above **MUST BE-SIGNED BY THE LICENSED EMBALMER** in his-OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.