

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42642

FILED JAN 7 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

State File No. 11110

Registrar's No. 11110

1. PLACE OF DEATH a. COUNTY 5108 Page Ave St. Louis, Mo. b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo. c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION 5108 Page		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. LOUIS c. CITY (If outside corporate limits, write RURAL and give township) City of St. Louis d. STREET ADDRESS (If rural, give location) 5108 Page Blvd.	
3. NAME OF DECEASED (Type or Print) John Keller		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb 26, 1864
9. AGE (In years last birthday) 85		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rutcher	10b. KIND OF BUSINESS OR INDUSTRY Meat Butcher
11. BIRTHPLACE (State or foreign country) Haasville, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Geo. Keller		13b. MOTHER'S MAIDEN NAME Catherine Attmeyer	
14. NAME OF HUSBAND OR WIFE Anna Keller		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Anna Keller	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>age</u> DUE TO (c) 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 <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>0</u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>331X</u>		22. I hereby certify that I attended the deceased from <u>Dec 10</u> , 1949, to <u>Dec 25</u> , 1949, that I last saw the deceased alive on <u>Dec 24</u> , 1949, and that death occurred at <u>Le 3:30 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. J. Honan M.D.</u>		23b. ADDRESS <u>4903 Delmar Ave</u>	
23c. DATE SIGNED <u>Dec 26, 1949</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12/28/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Man &amp; Morrell</u>	
25. ADDRESS <u>4112 St. Louis Ave</u>		DATE REC'D BY LOCAL REG. <u>DEC 27 1949</u>	

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Edwin H. Remelius

Licensed Embalmer No. 4283

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.