

FILED AUG 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24936

State File No. 6343

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 <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u> <u>4485</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge</u>		STREET ADDRESS (If rural, give location) <u>72 York Drive</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>JANE</u> c. (Last) <u>KEECHLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 22 50</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Dec. 10, 1863</u>
9. AGE (In years last birthday) <u>86</u>		10. UNDER 1 YEAR Months <u>7</u> Days <u>12</u>	11. UNDER 24 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bloomington, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>Samuel Hake</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Graves</u>		14. NAME OF HUSBAND OR WIFE <u>Albert L. Keechler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Allen Haines-72 York Drive</u> ADDRESS	

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES <u>Arteriosclerosis, Essential</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None.</u>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>334X</u>	

22. I hereby certify that I attended the deceased from March 3, 1950 to July 22, 1950; that I last saw the deceased alive on July 22, 1950, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Conrad Malles, M.D.</u> (Degree or title)		23b. ADDRESS <u>819 University Club Bldg.</u>		23c. DATE SIGNED <u>7/24/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>7-25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Bellaville, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. Lupton & Sons-7233 Delmar Bly'd., University City, Mo.</u> ADDRESS			
DATE REC'D BY LOCAL <u>JUL 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Basater</u>			

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

Dr. A. C. Mallen,
University Club Bldg.
Pr-4300

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

Arnold W. Schoene

Licensed Embalmer No.

3864

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.