

FILED JUL 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24938

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6089</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		2209	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>920 South Taylor</b>				d. STREET ADDRESS (If rural, give location) <b>2585<sup>9</sup> WARREN ST.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HENRY</b>		b. (Middle) _____		c. (Last) <b>KEISTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 14, 1950</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>2-26-1876</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BAKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FREUND BAKERY</b>		11. BIRTHPLACE (State or foreign country) <b>SHATTUC, ILLINOIS</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>NOT KNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>SOPHIA KEISTER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>497-03-3270</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sophia Keister 2585<sup>9</sup> Warren</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac Hypertrophy</b> DUE TO (c) <b>Coronary Arteriosclerosis</b>					
		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 _____				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? <b>H201</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:33 A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm. Paul Smith, Coroner</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>7/15/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JULY 17, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO. MO.</b>	
DATE RECD BY LOCAL REG. <b>JUL 15 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>A. Krow 2707 9<sup>th</sup> Grand</b>			

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

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.