

FILED JUL 18 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24939**
Registrar's No. **5868**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
c. LENGTH OF STAY (In this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **St. John's Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **3929a S. Compton**

3. NAME OF DECEASED
a. (First) **Ollie** b. (Middle) **A.** c. (Last) **Keller**
4. DATE OF DEATH (Month) (Day) (Year) **7/4/50**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Jan. 9, 1888** 9. AGE (In years last birthday) **62** IF UNDER 1 YEAR Months _____ IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Mechanic** 10b. KIND OF BUSINESS OR INDUSTRY **Public Service Co.** 11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Albert J. Keller** 13b. MOTHER'S MAIDEN NAME **Katty Dinzebach** 14. NAME OF HUSBAND OR WIFE **Mamie K.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes! WW #1** 16. SOCIAL SECURITY NO. **--** 17. INFORMANT'S SIGNATURE OR NAME **Mamie K. Keller** ADDRESS **3929a S. Compton**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of right parotid with cervical metastasis**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **Several Months (according to patient)**

19a. DATE OF OPERATION **11-23-49** 19b. MAJOR FINDINGS OF OPERATION **Carcinoma of right parotid & cervical metastases** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **142.1**

22. I hereby certify that I attended the deceased from **11-21, 1949**, to **3-16, 1950**, that I last saw the deceased alive on **3-16, 1950**, and that death occurred at **10:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **J. B. Foster M.D.** 23b. ADDRESS **634 N. Grand St. Louis Mo.** 23c. DATE SIGNED **7-6-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **7/7/50** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Burial Park** 24d. LOCATION (City, town, or county) (State) **St. Louis Co., Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **J. B. Foster** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Wacker-Welder 3634 Gravois**

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

Kitty

JUL 26 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *Frank J. Dyland Sr.*

Signed.....
Student Embalmer

Licensed Embalmer No. *2675*

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.