S. No. 300
v. 10.48

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28354

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6861

5

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Masonic Home of Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2129
d. STREET ADDRESS (If rural, give location): 5351 Delmar Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Edwin T. W. Keller

4. DATE OF DEATH (Month) (Day) (Year): Aug 10 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 29, 1867
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired salesman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Frederick August Keller
13b. MOTHER'S MAIDEN NAME: Sarah West Griffin
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Masonic Home of Missouri, 5351 Delmar Ave. Laura Robertson

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene right foot — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES. *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis
DUE TO (c) Diabetes

II. OTHER SIGNIFICANT CONDITIONS. *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 450.1

22. *I hereby certify that I attended the deceased from* 7/24, 1950, *to* 8/10, 1950, *that I last saw the deceased alive on* 8/10, 1950, *and that death occurred at* 10:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold E. Walters MD
23b. ADDRESS: 508 Grand
23c. DATE SIGNED: 8/11/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 14, 1950
24c. NAME OF CEMETERY OR CREMATORY: St. Peter's
24d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

DATE REC'D BY LOCAL REG. AUG 12 1950
REGISTRAR'S SIGNATURE: J. B. Brooner
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Alexander & Son 6175 Delmar

(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 Jos. E. McCullah

Licensed Embalmer No. 2460

P. O. Address 617 Delma

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.