

FILED FEB 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3185  
Registrar's No. 214

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before death) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>UNIVERSITY CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) 33 OR TOWN <b>UNIVERSITY CITY</b> 4536	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6327 WESTMINSTER</b>		d. STREET ADDRESS (If rural, give location) <b>6327 WESTMINSTER</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JULE</b>	b. (Middle) <b>MILTON</b>	c. (Last) <b>KELLER.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 24, 1951</b>
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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>SEPT. 13, 1871</b>	9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FOUNDRY MGR.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AMER. CAR &amp; FOUNDRY</b>	11. BIRTHPLACE (State or foreign country) <b>EDWARDSVILLE, ILLINOIS/</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>JOHN KELLER</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH SMITH</b>	14. NAME OF HUSBAND OR WIFE <b>VIOLETTE S. KELLER</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>486-14-7520B</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J.M. KELLER, JR.</b>	ADDRESS <b>6327 WESTMINSTER PLACE</b>
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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) <b>Cerebral thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 mos</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral arteriosclerosis</b>		
	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 <b>332X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 29, 1950, to Jan 24, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 11 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ramuel W. Grant M.D.</b>	23b. ADDRESS <b>114 N. Taylor Ave</b>	23c. DATE SIGNED <b>1/24/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>1/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BELLEFONTAINE CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST LOUIS, MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1/25/51</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Tomke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C.R. Iupton &amp; Sons</b>	ADDRESS <b>7233 Delmar Blvd;</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

4006

FEB 15 1951  
FEB 1

FEB 9 1951

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 Arnold W. Schoene

Signed.....  
Student Embalmer

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.