S. No. 300
v. 10.48

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

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10876

BIRTH NO. ____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 687

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirkwood
d. STREET ADDRESS (If rural, give location): 111 E. Maple Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO
b. (Middle): EMIL
c. (Last): KELLER

4. DATE OF DEATH (Month) (Day) (Year): Mar. 14 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Apr. 26 1885
9. AGE (In years last birthday): 65 — 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): Brick Mason
10b. KIND OF BUSINESS OR INDUSTRY: .....
11. BIRTHPLACE (State or foreign country): St. Louis
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Christ Keller
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: Mrs Stella Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): .....
16. SOCIAL SECURITY NO.: 494-01-6974
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Stella Keller
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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Heart~~ Peptic ulcer — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhoids — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 540.0
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?:

22. *I hereby certify that I attended the deceased from* 14 March 1951 *to* 14 March 1951, *that I last saw the deceased alive on* 14 March 1951, *and that death occurred at* 5 m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Barnett M.D.
(Degree or title):
23b. ADDRESS: 243 W. Jefferson Kirkwood Mo.
23c. DATE SIGNED: 3-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAR-17-1951
24c. NAME OF CEMETERY OR CREMATORY: OAK HILL
24d. LOCATION (City, town, or county): KIRKWOOD
(State): MO

DATE REC'D BY LOCAL REG.: 3/15/51
REGISTRAR'S SIGNATURE: Albert R. Lemke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Parker-Aldrich Fun Home
ADDRESS: Webster Groves Mo
(Licensed Embalmer's Statement on Reverse Side) E. Aldrich

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 ..... Signed Leslie Walsh

Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Webster Groves M

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.