

318

1003

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

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 14387		Registrar's No. 2404		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution/residence before admission). a. STATE Illinois b. COUNTY St. Louis						
b. CITY (If outside corporate limits, write RURAL and give town or TOWN St. Louis, Missouri)				c. LENGTH OF STAY (in this place) 5 weeks		c. CITY (If outside corporate limits, write RURAL and give township) 79 TOWN St. Louis Mo. 4793				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 845 So. Sappington Rd						
3. NAME OF DECEASED (Type or Print)		a. (First) ANNIE		b. (Middle) L.		c. (Last) KEITHCART		4. DATE OF DEATH (Month) (Day) (Year) MAR. 12 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 10, 1869		9. AGE (In years last birthday) 81 7 Months 2 Days 2 Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Baumfield main		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME Samuel B. Mason			13b. MOTHER'S MAIDEN NAME Katherine O'Neil			14. NAME OF HUSBAND OR WIFE George H. Keithcart				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. _____			17. INFORMANT'S SIGNATURE OR NAME Paul E. Barker ADDRESS 2124 Partridge Ave				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease 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		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input 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? 4200		22. I hereby certify that I attended the deceased from 2-4-51 , 19____, to 3-12-51 , 19____, that I last saw the deceased alive on 3-12-51 , 19____, and that death occurred at 6:45 Pm. , from the causes and on the date stated above.								
23a. SIGNATURE James A. Hutchinson, M.D. (Degree or title)				23b. ADDRESS 1515 Lafayette Avenue				23c. DATE SIGNED 3-13-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 15/51		24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) St. Charles Mo				
DATE REC'D BY LOCAL REG. MAR 14 1951		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE Bull Campbell ADDRESS 4475 Lindell St						

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.

Signed.....
Student Embalmer

Signed.....
Student Embalmer No.....

Licensed Embalmer No. 3881

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.