

FILED JUN 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21694

|   |  |   |   |   |             |   |                              |   |  |
|---|--|---|---|---|-------------|---|------------------------------|---|--|
| BIRTH NO. _____   |  | REG. DIST. NO. 37   |   | PRIMARY REG. DIST. NO. 6076   |             | Registrar's No. 2432  |                              |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>St. Louis</b>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b> |             |   |                              | b. COUNTY<br><b>St. Louis</b>   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Carsonville</b>  |  | c. LENGTH OF STAY (In this place)<br><b>2 YRS.</b>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Overland</b>                 |             | <b>423X</b>   |                              |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Penn Nursing Home</b>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><b>9444 Midland</b>  |             |   |                              |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Lillie</b>   |  |   | a. (First)                                      |   | b. (Middle) |   | c. (Last)<br><b>Keatmann</b> |   |  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 14 1951</b>   |  | 5. SEX<br><b>Female</b>   |   | 6. COLOR OR RACE<br><b>White</b>  |             | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Single</b>   |                              | 8. DATE OF BIRTH<br><b>May 16 1870</b>  |  |
| 9. AGE (In years last birthday)<br><b>81</b>  |  | IF UNDER 1 YEAR<br>Months<br><b>0</b>   |   | IF UNDER 1 YEAR<br>Days<br><b>28</b>  |             | IF UNDER 1 YEAR<br>Hours<br><b></b>                                       |                              | IF UNDER 1 YEAR<br>Min.<br><b></b>  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Nil</b>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>---</b> |   |             | 11. BIRTHPLACE (State or foreign country)<br><b>Pattonville, Missouri</b> |                              | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S. A.</b>                                     |  |
| 13a. FATHER'S NAME<br><b>John Keatmann</b>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Nellie Cobb</b> |   |             | 14. NAME OF HUSBAND OR WIFE<br><b>--</b>                                  |                              |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>---</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><b>Mary Craft</b>  |             | ADDRESS<br><b>9444 Midland</b>  |                              |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                                 |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Arteriosclerotic Cardio-vascular disease</b><br>DUE TO (c) <b>Club feet</b><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |             |   |                              | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 week</b><br><br><b>5 years</b>             |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>4/22/51</b>  |   |   |             |   |                              | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) (m.)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?  |             |   |                              |   |  |
| 22. I hereby certify that I attended the deceased from <b>April 25, 1949</b> , to <b>June 14, 1951</b> , that I last saw the deceased alive on <b>June 12, 1951</b> , and that death occurred at <b>10 A.M.</b> , from the causes and on the date stated above. |  |   |   |   |             |   |                              |   |  |
| 23a. SIGNATURE<br><b>Lewis Littmann M.D.</b>  |  |   |   | 23b. ADDRESS<br><b>8231 Clayton Rd (17)</b>   |             | 23c. DATE SIGNED<br><b>6/15/51</b>  |                              |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |  | 24b. DATE<br><b>June 16 1951</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>St. Ferdinand</b>  |             | 24d. LOCATION (City, town, or county) (State)<br><b>Ferguson Missouri</b> |                              |   |  |
| DATE REC'D BY LOCAL REG.<br><b>6-15-51</b>  |  | REGISTRAR'S SIGNATURE<br><b>Hubert Robinson</b>   |   | GENERAL DIRECTOR'S SIGNATURE<br><b>Ortmann</b>  |             | ADDRESS<br><b>Funeral Home 9222 Lackland</b>                              |                              |   |  |

(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

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Al C Ostmann*

Licensed Embalmer No. *3778*

P. O. Address.....

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.