

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39230

FILED DEC 1 1951

State File No. 10183
Registrar's No. 10183

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 10183		Registrar's No. 10183			
1. PLACE OF DEATH a. COUNTY Missouri				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town): TOWN		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) 12 TOWN St. Louis Mo.		2129					
d. FULL NAME OF HOSPITAL OR INSTITUTION Masonic Hospital				d. STREET ADDRESS (If rural, give location) 5351 Delmar							
3. NAME OF DECEASED (Type or Print) Charlotte			a. (First)		b. (Middle)		c. (Last) Keightley		4. DATE OF DEATH (Month) (Day) (Year) 11 14 1951		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH 11-24-1869		9. AGE (In years last birthday) 81	# UNDER 1 YEAR 11	MONTHS 21	# UNDER 24 HOURS	HOURS 1	
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) England			12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Elisha Brumpton			13b. MOTHER'S MAIDEN NAME Annie Elizabeth Baird			14. NAME OF HUSBAND OR WIFE Alfred Keightley, deceased					
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 AND ADDRESS Masonic Home of Missouri 5351 Delmar <i>John Robertson</i>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis				DUPLICATE CAUSES Antecedent causes: Hypertension Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						1 day	
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						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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4444X							
22. I hereby certify that I attended the deceased from 6-18- , 19 96 , to 11-14 , 19 51 , that I last saw the deceased alive on 11-14 , 1951, and that death occurred at 11:30 AM , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <i>John Robertson M.D.</i>				23b. ADDRESS 5-8 N. Grand			23c. DATE SIGNED 11-14-51				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov 17 1951	24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) Gravies Road Mo						
DATE REC'D BY LOCAL REG. NOV 16 1951		REGISTRAR'S SIGNATURE <i>John Robertson</i>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Bull-Campbell Mortuary 4215 Lindell						

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.....

Rex O Campbell

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.