

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43497**

FILED DEC 29 1951

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **4020**

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

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Clayton		c. CITY (If outside corporate limits, write RURAL and give township) Kinloch 4891	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) Brenner Ave 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis County Hosp			

3. NAME OF DECEASED (Type or Print) Wallace Keaton			4. DATE OF DEATH (Month) (Day) (Year) 12 18 51		
a. (First)	b. (Middle)		c. (Last)		

5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12 Sept 1894		9. AGE (In years last birthday) 57		10. MONTHS 3	11. DAYS 6	12. HOURS —	13. MIN. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Laborer		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Phillips Co, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Unknown Keaton		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Vaisy Keaton	
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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) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vaisy Keaton Brenner Ave, Kinloch			
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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) Cerebral Thrombosis		DUPLICATE			3 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			DUPLICATE
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **12-17, 1951**, to **12-18, 1951**, that I last saw the deceased alive on **12-18, 1951**, and that death occurred at **12:50 PM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert H. De Witt, M.D.		23b. ADDRESS 601 S. Brentwood Clayton		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL III	24b. DATE Dec 20 1951	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) Berkeley MO
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DATE REC'D BY LOCAL REG. 12-18-51	REGISTRAR'S SIGNATURE Robert R. Donohue, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros	ADDRESS Kinloch, Mo
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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 Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4518th Ave Blvd

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.