

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10914

State File No. ....

Registrar's No. 726

FILED MAR 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. 3063

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Florissant</b>	
c. LENGTH OF STAY (in this place) <b>15 min</b>		d. STREET ADDRESS (If rural, give location) <b>1190 St Mathews Dr</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Louis Co Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lawrence</b> b. (Middle) <b>Keil</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 16 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 7 1909</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>9</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Station Supt</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Airline Co</b>	11. BIRTHPLACE (State or foreign country) <b>St Paul Minn</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Louis E Keil</b>		13b. MOTHER'S MAIDEN NAME <b>Edna L Ward</b>		14. NAME OF HUSBAND OR WIFE <b>Marjorie Fisher Keil</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War II</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Marjorie Keil Florissant Mo</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute hemorrhage of internal organs - caused by gunshot wounds</b> INTERVAL BETWEEN ONSET AND DEATH <b>30 + min</b>		
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. <b>981X</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE <b>Justifiable homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Overland St. Louis Mo</b>	
21d. TIME OF INJURY <b>3/16/52 4:15 P.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Gunshot wounds</b>	

22. I hereby certify that I attended the deceased from 3-16, 1952 to 3-16, 1952, that I last saw the deceased alive on 3-16, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert H. Melvick M.D.</b>		23b. ADDRESS <b>Clayton, Mo.</b>		23c. DATE SIGNED <b>3/20/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>Mar 19 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>					

DATE REC'D BY LOCAL REG. <b>3-18-52</b>		REGISTRAR'S SIGNATURE <b>Herbert E. Donke MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ortmann F Home 9222 Lackland Overland</b>	
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SW (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 Al A. Ostmann

Signed.....

Student Embalmer

Licensed Embalmer No. 3478

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.