No. 500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13387

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 34

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - MERAMEC
c. LENGTH OF STAY (In this place): 7 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH'S HILL INFIRMARY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS 2029
d. STREET ADDRESS (If rural, give location): 4875 MILLENTZ

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): L.
c. (Last): KEATING

4. DATE OF DEATH (Month) (Day) (Year): APRIL 5 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 2
8. DATE OF BIRTH: FEBRUARY 10 1886
9. AGE (In years last birthday): 66 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICIAN
11. BIRTHPLACE (State or foreign country): HARVARD - ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JERIMIAH P. KEATING
13b. MOTHER'S MAIDEN NAME: ELLEN SCHIELDS
14. NAME OF HUSBAND OR WIFE: MABEL SCHROEDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Brother Rob. St Joseph's Hill Infirmary
ADDRESS: Eureka Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PULMONARY EMPHYSEMA — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): GENERALIZED ARTERIOSCLEROSIS
DUE TO (c): RHEUMATOID ARTHRITIS

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: 4500
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/26, 1951, *to* 4/4, 1952, *that I last saw the deceased alive on* 4/4, 1952, *and that death occurred at* 4:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible signature] (Degree or title): O
23b. ADDRESS: 4323 ROLAND DRIVE NORMANDY Mo.
23c. DATE SIGNED: 4/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: 4/5/52
24c. NAME OF CEMETERY OR CREMATORY: In Minneapolis
24d. LOCATION (City, town, or county) (State): MINNEAPOLIS MINN

DATE REC'D BY LOCAL REG.: 4/19/52
REGISTRAR'S SIGNATURE: Ruth Jirsa 438
FUNERAL DIRECTOR'S SIGNATURE: Albert H. Hoppe
ADDRESS: 4700 Washington St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED APR 22 1952
MAY 15 1952

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 Albert G Hoppe

Signed _____
Student Embalmer

Licensed Embalmer No. 2977

P. O. Address St Louis

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.