

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25976

State File No.

FILED JUL 31 1952

1003

6844

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. _____		Registrar's No. _____								
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO				b. COUNTY 2249						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri (1)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		0								
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1				d. STREET ADDRESS (If rural, give location) 24 3500 ILLINOIS										
3. NAME OF DECEASED (Type or Print)			a. (First) WILLIAM			b. (Middle) _____			c. (Last) KELLER			4. DATE OF DEATH (Month) (Day) (Year) JULY 12, 1952		
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3		8. DATE OF BIRTH MAY 8, 1868		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHOTO GLASS INSP.				10b. KIND OF BUSINESS OR INDUSTRY PHOTOGRAPHY		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS I.				12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME PHILLIP KELLER				13b. MOTHER'S MAIDEN NAME JOHANNA KNORR				14. NAME OF HUSBAND OR WIFE _____						
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. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FLORENCE TRETTER 5816 PENN.								
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) Arteriosclerotic Heart Disease ANTECEDENT CAUSES DUE TO (b) Pulmonary emphysema Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Coronary Artery Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis								INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200										
22. I hereby certify that I attended the deceased from 7-7-52 , 19____, to 7-12-52 , 19____, that I last saw the deceased alive on 7-12-52 , 19____, and that death occurred at 1:00P m., from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) Albert Edward Stock M.D.						23b. ADDRESS 1515 Lafayette Avenue			23c. DATE SIGNED 7-14-52					
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7/15/52		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEM.		24d. LOCATION (City, town, or county) (State) LEMAY MO.								
DATE REC'D BY LOCAL REG. JUL 15 1952		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.				25. FUNERAL DIRECTOR'S SIGNATURE FENDLER UND. CO		ADDRESS 7420 MICHIGAN						

E.P. (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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed VE Morris

Licensed Embalmer No. 3360

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.