

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33823

State File No.

No. 300
10-18

SEP 16 1952 REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 500 Registrar's No. 2332

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay		c. LENGTH OF STAY (In this place) 1 YEAR	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 MOUNDALC CT.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 4860 ?	
		d. STREET ADDRESS (If rural, give location) 3 Moundale ct. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Lydia b. (Middle) c. (Last) Keller			4. DATE OF DEATH (Month) (Day) (Year) Sept. 6, 1952			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 31, 1886	9. AGE (In years last birthday) 66	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. U		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME William E. Lenck		13b. MOTHER'S MAIDEN NAME Anna Schneider		14. NAME OF HUSBAND OR WIFE Oscar J. Keller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. H. Lenck, 6023 Odell, St. Louis, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) Pagets Disease		
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 checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from June 10, 1952, to Sept 6, 1952, that I last saw the deceased alive on Sept 6, 1952, and that death occurred at 10:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph E. Carney MD (Degree or title)	23b. ADDRESS 906 Olive St	23c. DATE SIGNED 9-7-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Sept. 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Valhalla CREMATORY
		24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 9-8-52	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary, St. L., Mo.
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SM (Licensed Embalmer's Statement on Reverse Side) 6467 CHIPPewa

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.