

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3347**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0092**

BIRTH NO. _____

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** **2099**

d. FULL NAME OF HOSPITAL OR INSTITUTION **4531 Red Bud Ave.** d. STREET ADDRESS (If rural, give location) **9 4531 Red Bud Ave.**

3. NAME OF DECEASED
a. (First) **Minnie** b. (Middle) **M.** c. (Last) **Keth** 4. DATE OF DEATH (Month) (Day) (Year)
Jan. 4, 1953.

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **Oct. 22, 1862** 9. AGE (In years last birthday) **90** 10. MONTHS **0** 11. BIRTHPLACE (City and State or Foreign Country) **Illinois** 12. CITIZEN OF WHAT COUNTRY? _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____

13a. FATHER'S NAME **Anthony Schweickert** 13b. MOTHER'S MAIDEN NAME **Caterine Dolch** 14. NAME OF HUSBAND OR WIFE **Late Henry Keth.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **Oscar A. Keth** ADDRESS **4531 Red Bud Ave.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cornary Thrombosis** INTERVAL BETWEEN ONSET AND DEATH **4-5 days**

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

DUE TO (b) **Arteriolosclerosis** years _____

DUE TO (c) **General Arthritis pt 90 yrs. old** years _____

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 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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **1950**, **19**, to **1953**, **19**, that I last saw the deceased alive on **Jan. 4**, **19 53**, and that death occurred at **12:00a** m., from the causes and on the date stated above.

23a. SIGNATURE **John S. Young M.D.** (Degree or title) 23b. ADDRESS **1126 St Louis ave** 23c. DATE SIGNED **1-5-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Jan. 7, 1953** 24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **JAN 5 1953** REGISTRAR'S SIGNATURE **Carl Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE **Leidner Und. Co.** ADDRESS **2223 St. Louis Av.**

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 1213 St. Louis Ave

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.