

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 20 1953

State File No. **22936**
Registrar's No. **5605**

BIRTH MO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|--|---|--|--|
| 1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. c. LENGTH OF STAY (In this place) 45 d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____ c. CITY OR TOWN St. Louis, Mo. d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 3308a Winnebago St. 2169 0 | |
| 3. NAME OF DECEASED a. (First) JOHN b. (Middle) _____ c. (Last) KEIM | | 4. DATE OF DEATH (Month) (Day) (Year) June 4, 1953 | |
| 5. SEX <input type="radio"/> male <input checked="" type="radio"/> female 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Nov. 18, 1878 | 9. AGE (In years last birthday) 74 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) Baker | | 10b. KIND OF BUSINESS OR INDUSTRY Retail bakery | |
| 11. BIRTHPLACE (City and State or Foreign Country) Prussia, Germany | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME <i>Unknown</i> | | 13b. MOTHER'S MAIDEN NAME <i>Unknown</i> | |
| 14. NAME OF HUSBAND OR WIFE SOPHIE C. PALMER | | | |
| 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. no | |
| 17. INFORMANT'S SIGNATURE OR NAME Sophie C. Keim, 3308a Winnebago St. ADDRESS | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma urinary Bladder 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. | | INTERVAL BETWEEN ONSET AND DEATH 4 mo. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 181X | | | |
| 22. I hereby certify that I attended the deceased from <u>3/27</u> , 1953, to <u>6/4</u> , 1953, that I last saw the deceased alive on <u>6/4</u> , 1953, and that death occurred at <u>4:10 Pm.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <i>Edward J. Becker</i> | | 23b. ADDRESS 205 Frisco Bldg. St. Louis 1 | |
| 23c. DATE SIGNED 6/5/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE June 6, 1953 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| DATE REC'D BY LOCAL REG. JUN 5 1953 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H. Inc. | | ADDRESS 1936 St. Louis Ave. | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ed. Becker, Frisco Bldg.

Hrs. 11-1

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 _____
Signature of Student Embalmer

Signed Max L. Waibel

Licensed Embalmer No. 4170

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.