

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30123

FILED AUG 31 1953

7360

BIRTH NO. <u>05661</u>		REG. DIST. NO. <u>316</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>7360</u>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>St Louis</u>	
c. LENGTH OF STAY (In this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves #607</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Louis Maternity</u>				d. STREET ADDRESS (If rural, give location) <u>41 West Rose</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Keck</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 23 1953</u>	
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	
8. DATE OF BIRTH <u>July 23 1953</u>			9. AGE (In years last birthday)		10. CITIZEN OF WHAT COUNTRY? <u>---</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>---</u>		13. FATHER'S NAME <u>John Gordon Keck</u>		
14. MOTHER'S MAIDEN NAME <u>Sue Ann Tyler</u>			15. NAME OF HUSBAND OR WIFE <u>---</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>---</u>		
17. SOCIAL SECURITY NO. <u>---</u>			18. INFORMANT'S SIGNATURE OR NAME <u>John &amp; Sue Keck</u>				
19. ADDRESS <u>41 West Rose Webster Gr</u>				20. CAUSE OF DEATH			
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) <u>Subarachnoid Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr. 40"</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Prematurity</u>			
DUE TO (c) <u>Atelctasis, Bilateral</u>				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 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? <u>760.5</u>			
22. I hereby certify that I attended the deceased from <u>July 23, 1953</u> , to <u>July 23, 1953</u> , that I last saw the deceased alive on <u>July 23, 1953</u> , and that death occurred at <u>1:00 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles R. Gulick, M.D.</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7-25-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>7-31-53</u>		24b. DATE <u>7-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>			
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland</u> ADDRESS <u>4104 Manchester</u>					
DATE REC'D BY LOCAL REG. <u>UL 29 1953</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**