

RECEIVED OCT 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33533

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9086**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **MO.** b. COUNTY \_\_\_\_\_

b. CITY OR TOWN **ST. LOUIS** c. LENGTH OF STAY (In this place) **35 YRS** c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **MARIAN HOSPITAL** e. STREET ADDRESS (If rural, give location) **23 2721 ALLEN 2239**

3. NAME OF DECEASED (Type or Print) a. (First) **MATHILDA** b. (Middle) \_\_\_\_\_ c. (Last) **KEYMAN** 4. DATE OF DEATH (Month) (Day) (Year) **9-19-1953**

5. SEX **FEMALE** 6. COLOR OR RACE **V** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **DEC. 26-1884** 9. AGE (In years last birthday) **68** 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) **TORALADY** 10b. KIND OF BUSINESS OR INDUSTRY **SHIRT MFG. CO.** 11. BIRTHPLACE (City and State or Foreign Country) **ILLINOIS** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **MATHIAS KEYMAN** 13b. MOTHER'S MAIDEN NAME **GERTRUDE SCHARFER** 14. NAME OF HUSBAND OR WIFE **SINGLE**

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. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS: **GEORGE KEYMAN 2721 ALLEN**

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) **CORONARY THROMBOSIS** INTERVAL BETWEEN ONSET AND DEATH **1 DAY**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) **SEVERE ARTERIO-SCLEROSIS** **2 YRS**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
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) m. \_\_\_\_\_ 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 **9/2/53** to **9/19/53**, that I last saw the deceased alive on **9/19**, 19**53** and that death occurred at **10 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Frank J. Swoboda** 23b. ADDRESS **40 2578 S. Jefferson St** 23c. DATE SIGNED **9/19/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **9-22-53** 24c. NAME OF CEMETERY OR CREMATORY **PETER PAUL WATERLOO** 24d. LOCATION (City, town, or county) (State) **WATERLOO ILLINOIS**

DATE REC'D BY LOCAL REG. **SEP 21 1953** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Thomas Rutledge 296 Currier**

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.....  
Signature of Student Embalmer

Signed.....  
*Lawrence Dill*

Licensed Embalmer No. 4347

P. O. Address 2906

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.