

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED OCT 15 1953

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State File No. 33534
 Registrar's No. 9000

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 33534		Registrar's No. 9000					
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) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2069							
d. FULL NAME OF HOSPITAL OR INSTITUTION 5048 Minerva Ave.				d. STREET ADDRESS (If rural, give location) 5048 Minerva Ave.									
3. NAME OF DECEASED (Type or Print) CLARA			a. (First)			b. (Middle) ***			c. (Last) KEYMER				
4. DATE OF DEATH Sept. 16, 1953.			4. DATE (Month) (Day) (Year)										
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 6, 1874		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pressfeeder				10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Mark Keymer				13b. MOTHER'S MAIDEN NAME Rose Hannah Britt				14. NAME OF HUSBAND OR WIFE -----					
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 Mr. Albert Keymer, 6803 Bradley Ave.							
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) <u>Broncho pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemiplegia</u> DUE TO (c) <u>Arteriosclerosis, generalized</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>3+ years</u>			
19a. DATE OF OPERATION <u>none</u>		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) <u>W.50.0</u>							
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 <u>August 1, 1953</u> , to <u>September 16, 1953</u> , that I last saw the deceased alive on <u>9/16</u> , 1953, and that death occurred at <u>6:00A</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Albert Keymer M.D.</u>						23b. ADDRESS <u>Barrett's Station Road</u> <u>1616 Kwood 22, Missou</u>			23c. DATE SIGNED <u>9-16-53</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/18/53		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.					
DATE REC'D BY LOCAL REG. SEP 17 1953		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>				25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.							

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 A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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.