

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **37327**  
Registrar's No. **9625**

**FILED OCT 23 1953**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Missouri</b>		a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>9 1/2 yrs.</b>		2129 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Masonic Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>12 5351 Delmar</b>	
<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
a. (First) <b>Mamie</b> b. (Middle) <b>Margaret</b> c. (Last) <b>Keelty</b>			<b>10-7-53</b>
<b>5. SEX</b>	<b>6. COLOR OR RACE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)	<b>8. DATE OF BIRTH</b>
<b>F</b>	<b>W</b>	<b>W</b>	<b>May-3-1875</b>
<b>9. AGE</b> (In years last birthday) <b>78</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired housewife</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Jefferson Barracks, Mo.</b>
<b>10a.</b>		<b>10b.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b>
<b>13a. FATHER'S NAME</b> <b>Fred Dall</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Catherine Koupal</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>James W. Keelty, deceased</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)		<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Louis C. Robertson</b> <b>ADDRESS</b>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)			<b>MEDICAL CERTIFICATION</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>1 Day</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS			
Antecedent Causes			<b>20 Yrs.</b>
DUE TO (b) <b>Hypertension</b>			
DUE TO (c) <b>Cardio Renal Vascular Disease</b>			<b>15 Yrs</b>
Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <b>442x</b>	
<b>22. I hereby certify that I attended the deceased from</b> <b>Sept 5, 1953</b> , to <b>10-7-</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>10-6-</b> , 19 <b>53</b> , and that death occurred at <b>3:50 P.m.</b> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <b>Harold E. Walters</b>		<b>23b. ADDRESS</b> <b>508 N. Grand</b>	<b>23c. DATE SIGNED</b> <b>10-8-53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b> <b>OCT 10 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>PARK LAWN CEM. ST. LOUIS</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 8 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith</b>	<b>25. FINAL DIRECTOR'S SIGNATURE</b> <b>Thomas Kulis</b> <b>ADDRESS</b> <b>2906 Harris</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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

*Geo J. Burdette*

Licensed Embalmer No.

*3989*

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.