

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40676**
Registrar's No. **11422**

FILED DEC 10 1953

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| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. 40676 | | Registrar's No. 11422 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE California b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN Long Beach | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital | | | | e. STREET ADDRESS (If rural, give location) 2146 W. Willard | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Ernest | | | b. (Middle) Oather | | | c. (Last) Keith | | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1953 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Sept. 6, 1906 | | 9. AGE (In years last birthday) 47 | 10. UNDER 1 YEAR Months _____ | 11. UNDER 1 HR. Hours _____ | 12. UNDER 1 MIN. Mins. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | | | | 10b. KIND OF BUSINESS OR INDUSTRY Oil Industry | | 11. BIRTHPLACE (City and State or Foreign Country) Velpen, Ind. | | | 12. CITIZEN OF WHAT COUNTRY? U.S. | | |
| 13a. FATHER'S NAME Isaac Keith | | | | 13b. MOTHER'S MAIDEN NAME Georgia Anna Murphy | | | 14. NAME OF HUSBAND OR WIFE Bernice | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II | | | | 16. SOCIAL SECURITY NO. 485-07-5614 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Perry E. Keith, 1282 Backer, U. City, Mo. | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COMPETITIVE HEART FAILURE | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 WM U. | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION | | | | | | | | 10 YRS. | |
| | | DUE TO (c) _____ | | | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. EMPHYSEMA. | | | | | | | | 10 YRS. | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | | 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>11-27</u> , <u>1953</u> , to <u>11-30</u> , <u>1953</u> , that I last saw the deceased alive on <u>11-30</u> , <u>1953</u> , and that death occurred at <u>4 P.</u> m., from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <i>Dr. J. R. Smith</i> | | | | | 23b. ADDRESS 1194 N. PARKWAY AVE | | | 23c. DATE SIGNED 12-1-53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 12-3-53 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | | |
| DATE REC'D BY LOCAL REG. DEC 2 1953 | | REGISTRAR'S SIGNATURE <i>Carl Smith</i> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington 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.....
Signature of Student Embalmer

Signed *John J. Haines*.....
Licensed Embalmer No. *4108*
P. O. Address *Blount, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.