

STANDARD CERTIFICATE OF DEATH

State File No. **40679**

FILED DEC 4-1953

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

Registrar's No. **11147**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrian 0041	
b. CITY (If outside corporate limits, write RURAL and give township) Town St. Louis, Missouri		c. LENGTH OF STAY (In this place) c. CITY OR TOWN Vandalia	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		e. STREET ADDRESS (If rural, give location) 213 South Walnut	
3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) Henry c. (Last) Kellerhal		4. DATE OF DEATH (Month) (Day) (Year) Nov 18, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 23 1872
9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 18 Hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Benton City, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Henry Kellerhal	
13b. MOTHER'S MAIDEN NAME Amelia Miller		14. NAME OF HUSBAND OR WIFE Catherine Kellerhal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No Nil		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Catherine Kellerhal, Vandalia, Mo.		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2° & 3° burns of 60% of body INTERVAL BETWEEN ONSET AND DEATH Antecedent causes suffered when his clothing became ignited while burning leaves in yard at his house DUE TO (c) Vandalia, Mo. on Nov 17, 1953 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition about 11:30 am	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident 004	
20. AUTOPSY? NO		NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. CITY, TOWN, OR TOWNSHIP Vandalia Mo		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 17 53 11:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9160			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. 16			
23a. SIGNATURE Patrol Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11-23-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-23-53	
24c. NAME OF CEMETERY OR CREMATORY Vandalia		24d. LOCATION (City, town, or county) (State) Vandalia, Missouri.	
DATE REC'D BY LOCAL REG. NOV 24 1953		REGISTRAR'S SIGNATURE Charles Smith MO	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington	

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 *Elton R. Penelias*.....

Licensed Embalmer No. *42183*.....

P. O. Address *St. Louis,*.....

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.