

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13650

State File No. _____

3258

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>ST. LOUIS</u>		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 <u>MO PACIFIC HOSP</u>				e. STREET ADDRESS (If rural, give location) <u>1476 Stewart Pl</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN PETER</u>			b. (Middle) <u>KEIL</u>			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>4-9-54</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>7-7-1873</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LOCOMOTIVE ENGINEER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Fallon IL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fred Keil</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA ROCK</u>			14. NAME OF HUSBAND OR WIFE <u>Lula</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Wm Keil</u>				ADDRESS <u>1255 Bellevue</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Squamous Cell carcinoma of mouth, with metastases</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION <u>6/16/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Squamous Cell Carcinoma of mouth</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>H</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>191X</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>3/11</u> , 19 <u>54</u> , to <u>4/9</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>4/9/54</u> , 19 <u>54</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm T Vandrov</u>			(Degree or title) <u>MD</u>			23b. ADDRESS <u>1755 Do grand</u>		23c. DATE SIGNED <u>4/10/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>4-12-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO MO</u>				
DATE REC'D BY LOCAL REG. <u>APR 12 1954</u>		REGISTRAR'S SIGNATURE <u>J. Cady Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W. A. Krou</u>				ADDRESS <u>Lula 2707 N. Grand</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Ronald B. Zahn*.....

Licensed Embalmer No. *39*.....

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.