

FILED JUL 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 24781

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6306

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE ILLINOIS b. COUNTY ST CLAIR	
b. CITY (If outside corporate limits, write RURAL and give town) ST LOUIS c. LENGTH OF STAY (In this place) 1 MONTH		c. CITY (If outside corporate limits, write RURAL and give township) SMITHTON 81209	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE		d. STREET ADDRESS _____	
3. NAME OF DECEASED a. (First) MARY b. (Middle) KEESER c. (Last) KEESER		4. DATE OF DEATH (Month) (Day) (Year) July 11, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH 10-23-1891
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (State or foreign country) ENGLAND
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME HENRY KNAPMAN		13b. MOTHER'S MAIDEN NAME WILLY WARE	14. NAME OF HUSBAND OR WIFE FRANK S. KEESER SR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Agnes Willeford Smithson Ill. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Carcinoma of lung with metastases to brain 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.	
19a. DATE OF OPERATION 7-1-54		19b. MAJOR FINDINGS OF OPERATION Ventriculogram - increased intracranial pressure in ventricles. X-Ray taken at time of operation showed partial obstruction of ventricular system due to lesion in 4th ventricle.	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. INTERVAL BETWEEN ONSET AND DEATH About 7 mos	
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? 163X	
22. I hereby certify that I attended the deceased from July 1, 1954, to July 11, 1954, that I last saw the deceased alive on July 10, 1954, and that death occurred at 5:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Frank V. Forzo (Degree or title) M.D.		23b. ADDRESS Firmin Desloge Hosp	
23c. DATE SIGNED 7/11/54		23d. LOCATION (City, town, or county) BELLEVILLE (State) ILL.	
24a. BURIAL, CREMATION, REMOVAL REMOVAL		24b. DATE 7/12/54	
24c. NAME OF CEMETERY OR CREMATORY VAL HALLA		24d. LOCATION (City, town, or county) BELLEVILLE	
DATE REC'D BY LOCAL REG. JUL 13 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Geo. Keenan, Belleville, Ill.		ADDRESS 1200 N. Illinois St.	

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 _____

not embalmed

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Geo. Renner

Licensed Embalmer No. *2314*

P. O. Address *Belleisle, Ill.*

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.