

FILED OCT 26 1954

STANDARD CERTIFICATE OF DEATH

State File No. 9356  
Registrar's No. 9356

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Baptist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>3765 Lindell Blvd.,</b>	
3. NAME OF DECEASED (Type or Print) <b>JOHN</b>		a. (First) <b>F.</b> b. (Middle) <b>KELIER</b> c. (Last)	
4. DATE OF DEATH <b>Oct. 13th, 1954</b>		(Month) (Day) (Year)	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 27th, 1888</b>
9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Custodian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Odd Fellows Lodge</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John S. Keller</b>		13b. MOTHER'S MAIDEN NAME <b>Frances Schwab</b>	
14. NAME OF HUSBAND OR WIFE <b>Evangeline Keller</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Evangeline N. Keller, 3765 Lindell Blvd., 8</b>	
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) <b>Pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic carcinoma to lungs</b> DUE TO (c) <b>Carcinoma of rectum</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <b>4/23/53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rectum with metastases.</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>154X</b>		22. I hereby certify that I attended the deceased from <b>April</b> , 19 <b>53</b> , to <b>October 13</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>19</b> , and that death occurred at <b>2:20P</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>Harold E. Walters</b> Harold E. Walters, M.D.		23b. ADDRESS <b>508 N. Grand Blvd., St. Louis, Mo.</b>	
23c. DATE SIGNED <b>10/15/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>10/16/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>ALVIN F. FEUTZ</b> FUNERAL HOME, INC., St. Louis, 15, Mo.	
25. ADDRESS <b>4828 Natural Bridge Blvd., St. Louis, 15, Mo.</b>		DATE REC'D BY LOCAL REG. <b>OCT 15 1954</b>	
REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		C.P. (Licensed Embalmer's Statement on Reverse Side)	

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

1:00PM to 3:00PM Daily  
except Thursdays.

File in City

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 Ralph E. Lindner

Licensed Embalmer No. 4225

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.