

STANDARD CERTIFICATE OF DEATH

State File No. **38911**  
Registrar's No. **10015**

FILED NOV 22 1954

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 OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>2 4336 Holly Hills Ave</b>	

3. NAME OF DECEASED (Type or Print) <b>Peter</b>	a. (First)	b. (Middle)	c. (Last) <b>Kehres</b>	4. DATE OF DEATH <b>11-2-1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>6-8-1878</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Beer Bottler</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Conrad Kehres</b>	13b. MOTHER'S MAIDEN NAME <b>Maris Huck</b>	14. NAME OF HUSBAND OR WIFE
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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>Peter Kehres</b>	ADDRESS <b>4336 Holly Hills Av</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Left clavicle; Head Injury; suffered in fall down steps at club house on Meramec Bottom</b>		
	ANTECEDENT CAUSES Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DU (Suicidal Side Aereo)</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>3d. (Suicidal Side Aereo)</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>3:30 pm Accident</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, store, public building, etc.) <b>Club House</b>	21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE) <b>St. Louis County Mo</b>
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21d. TIME OF INJURY <b>Oct 80 54 2:30 pm</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>400 E9004</b>
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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 **10:55 PM**, from the causes and on the date stated above. **45**

22a. SIGNATURE <b>Patrick L. Taylor Coroner</b>	(District or title)	23b. ADDRESS <b>1300 Clark</b>	23c. DATE SIGNED <b>11.4.54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-6-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>10160 Gravois Road Mo</b>
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DATE REC'D BY LOCAL REG. <b>NOV 4 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, mid</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Biegenbauer</b>	ADDRESS <b>6409 Gravois Ave</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Coroner

**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.....  
*Lawrence M. Seymour*

Licensed Embalmer No. *4343*

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.