

## THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1956

State File No. 2803

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b># 8 7</b>	
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 town or township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Incarinate Word Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4448 Bircher Blvd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAWRENCE</b>		b. (Middle) <b>GUS</b>		c. (Last) <b>KEIL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 1, 1956</b>	
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>March 6, 1891</b>	
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR (Months) <b>9</b>		IF UNDER 24 HRS. (Days) <b>25</b>		IF UNDER 1 MIN. (Hours) _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Pullman Company</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Gustave Keil</b>		13b. MOTHER'S MAIDEN NAME <b>Lena Franz</b>		14. NAME OF HUSBAND OR WIFE <b>Julia Kurz Keil</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>708-16-8887</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Julia Keil, 4448 Bircher Blvd. St. Louis, Mo</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>Cardiac arrest.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Myocardial damage</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Instant</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>422.2</b> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		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 _____, 19 <u>44</u> to <b>Jan. 1</b> , 19 <u>56</u> , that I last saw the deceased alive on <b>January 1, 1956</b> , and that death occurred at <b>8 A.M.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>J. J. McNeil</b>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>812 Olive</b>		23c. DATE SIGNED <b>Jan. 3, 56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Jan. 4, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY. <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JAN 3 1956</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ambruster Mortuary, 6633m Clayton Rd.</b>			

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

M. J. B. (Licensed Embalmer's Statement on Reverse Side)

8016

**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  \_\_\_\_\_

Licensed Embalmer No. 4788

P. O. Address St. Louis 9 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.