

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1956

State File No. 1068

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1068**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) **St. Louis MO** c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) **St. Louis**

d. FULL NAME OF (If not in hospital or institution, give street address or location) **620 Fassen St.**
d. STREET ADDRESS (If rural, give location) **620 Fassen St.**

3. NAME OF DECEASED a. (First) **Laura M** b. (Middle) **Keshner** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **1/29/56**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**
8. DATE OF BIRTH **9/29/1867** 9. AGE (In years last birthday) **88** IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**
10b. KIND OF BUSINESS OR INDUSTRY **At Home**
11. BIRTHPLACE (State or foreign country) **Carlyle, Illinois**
12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Peter Keshner** 13b. MOTHER'S MAIDEN NAME **Mary Dwyer** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) **No**
16. SOCIAL SECURITY NO. **None**
17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Bernard Keshner 620 Fassen**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Debilities of Old Age**
ANTECEDENT CAUSES
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Arterio Sclerotic CVR Disease 15 years**
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 _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) (Minute) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22: I hereby certify that I attended the deceased from **Jan 19, 1956** to **Jan 29, 1956**, that I last saw the deceased alive on **Jan 26, 1956**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. A. Nester M.D.** 23b. ADDRESS **5600 S Compton** 23c. DATE SIGNED **1-30-56**

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) _____ 24b. DATE **2/1/56** 24c. NAME OF CEMETERY OR CREMATORY **St. Mary's Cemetery** 24d. LOCATION (City, town, or county) (State) **Carlyle, Ill**

DATE REC'D BY LOCAL REG. **JAN 31 1956** REGISTRAR'S SIGNATURE **J. Carl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Edward Fendler 5611 S Grand**

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
Student Embalmer

Signed.....

Ben E. Hoffman

Licensed Embalmer No. *4866*

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.