

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6748

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1262**

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 town) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) township)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 2721 Allen Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 23		(If rural, give location) 2721 Allen Ave. <span style="float: right;">22370</span>	

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) C. c. (Last) Keymann			4. DATE OF DEATH (Month) (Day) (Year) February 4 1956		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH September 18 1873		9. AGE (in years last birthday) 82		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Amer. Car. Co.	11. BIRTHPLACE (City and State or Foreign Country) Waterloo, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Matthew Keymann.		13b. MOTHER'S MAIDEN NAME Gertrude Schaffer		14. NAME OF HUSBAND OR WIFE Barbara Keymann	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 489-07-4762	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ferdinand Keyman 3457 Tennessee Ave.			
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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, asthenia, 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)	Myocardial infarction				
	ANTECEDENT CAUSES	Myocarditis Old age				
	DUE TO (b)	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (c)	Old Age				
	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 422.2				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? 2-4-56		
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22. I hereby certify that I attended the deceased from Feb 16 1956 to Feb 4 1956, that I last saw the deceased alive on Feb 3 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE J.K. Haven (Degree or title)		23b. ADDRESS 2027 1/2 S. Jefferson		23c. DATE SIGNED 2-2-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Feb. 7, 1956	24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul	24d. LOCATION (City, town, or county) (State) Waterloo, Illinois		
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DATE REC'D BY LOCAL REG. FEB 6 1956	REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. SCHNUR 3125 Lafayette Ave.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
*Thomas R. Fenwick*

Licensed Embalmer No. 3793.....

P. O. Address 3125 Lafayette.....

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.