

FILED JUL 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25063**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **5916**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5916	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 6 months d. FULL NAME OF HOSPITAL OR INSTITUTION St/ Louis City Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mascoutah d. STREET ADDRESS (If rural, give location) 101 East Philip			
3. NAME OF DECEASED (Type or Print) a. (First) Birdie b. (Middle) Anna c. (Last) Weidler Keck		4. DATE OF DEATH (Month) (Day) (Year) June 21 1956		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 15 1880		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (State or foreign country) Venedy, Illinois		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Joseph St. John		13b. MOTHER'S MAIDEN NAME Lena Vollmer		14. NAME OF HUSBAND OR WIFE Philip Keck			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME William H. Weidler ADDRESS St. Louis, Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min 1 yr	
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) (COUNTY) (STATE) 4200			
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? _____			
22. I hereby certify that I attended the deceased from 2-28 1956 , to 6-21 1956 , that I last saw the deceased alive on 5-19 1956 , and that death occurred at 10 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Philip J. Seaton MD		23b. ADDRESS Mascoutah Ill Pop 6275		23c. DATE SIGNED 6/22/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE June 21 1956		24c. NAME OF CEMETERY OR CREMATORY Mascoutah Ill.			
DATE REC'D BY LOCAL REG. JUN 22 1956		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Emmet G. L. Moll ADDRESS Mascoutah Ill.			

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

Emmet G. L. Moll

Licensed Embalmer No. 2889

P. O. Address Muscutah Ill.

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.