

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29403

State File No. ....

FILED SEP 5 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2025

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Kennett</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY OR TOWN <b>St. Clair</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>6 days</b>		e. STREET ADDRESS (If rural, give location) <b>K Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>A.</b> c. (Last) <b>Keller</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>8 - 27 - 56</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 26th 1874</b>
9. AGE (In years last birthday) <b>81</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Indiana</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <b>Furniture Fin.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Not Known</b>	13b. MOTHER'S MAIDEN NAME <b>Not Known</b>	14. NAME OF HUSBAND OR WIFE <b>Caroline Keller</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch and dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Keller, 10165 Winkler Dr.</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, asphyxia, 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>arteriosclerotic heart disease</b>		
	ANTECEDENT CAUSES DUE TO (b) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	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 <input checked="" type="checkbox"/> NO <input 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)
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 8-21, 1956, to 8-27, 1956, that I last saw the deceased alive on 8-27, 1956, and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph G. Crust MD</b> (Degree or title)	23b. ADDRESS <b>6015 Brentwood Clayton 5, Mo.</b>	23c. DATE SIGNED <b>8/27/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>8-29-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>
24d. LOCATION (City, town, or county) (State) <b>St. Louis Co, Mo.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Buchholz - 5967 W. Florissant</b>	

DATE REC'D BY LOCAL REG. **8/28/56** REGISTRAR'S SIGNATURE **Hebert R. Sombe** (Licensed Embalmer, Print on Reverse Side)

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.....  
Signature of Student Embalmer

Signed *Willard G. Buckholz*

Licensed Embalmer No. *4557*

P. O. Address *A. Lane*

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.