THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 4 1957

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 2863 Registrar's No. 417

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St Louis — Inside Limits: Yes X No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Lutheran Hospital — Length of stay in 1b: 10 days

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY

c. CITY OR TOWN: St Louis — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4703a Morganford — Reside on Farm: Yes ☐ No ☐

2/59

3. NAME OF DECEASED (Type or print): First Friedrich — Middle — Last Keckeis

4. DATE OF DEATH: Month Jan 12, Day 1957, Year

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Mar.6,1892

9. AGE (In years last birthday): 64 — 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): Porter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Switzerland

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12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495-12-9445

17. INFORMANT: Margaret Miller — Address: 4703a Morganford

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Terminal Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 Days.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Bleeding Gastric ulcer — 12 Days.

DUE TO (c): Delirium Tremens — 6 Days

Cirrhosis of Liver atrophic — ?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 540.0

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan 2-1957, to Jan 13 and last saw her/him alive on 1/12/57

Death occurred at 1/12/57 4:30 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R Wagenbach M.D.

22b. ADDRESS: 4717 Morganford

22c. DATE SIGNED: 1/14/56.

23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

23b. DATE: 1/15/57

23c. NAME OF CEMETERY OR CREMATORY: Missouri Crematory

23d. LOCATION (City, town, or county) (State): St Louis Mo.

24. FUNERAL DIRECTOR — ADDRESS: J L Ziegenhein & Sons 7027 Gravois

25. DATE RECD. BY LOCAL REG.: JAN 15 '57

26. REGISTRAR'S SIGNATURE: J Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald E Berry

Licensed Embalmer No. 48

P. O. Address 7027 Gra

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.