

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6344

FILED FEB 26 1957

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1427

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

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 1 mo. 15 days d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 26 St. Louis Chronic Hosp. 1089c e. STREET ADDRESS (If rural, give location) 1004a Bittner

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) G. c. (Last) Keim 4. DATE OF DEATH (Month) (Day) (Year) 2 11 1957

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH April 28, 1882 9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Days _____ IF UNDER 10 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cable Machine Operator 10b. KIND OF BUSINESS OR INDUSTRY Broderick & Bascom 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George Keim 13b. MOTHER'S MAIDEN NAME Anna Triefenbach 14. NAME OF HUSBAND OR WIFE Ada Keim (nee Cross)

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. unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada Keim, 1004a Bittner Street

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES Disease
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.
INTERVAL BETWEEN ONSET AND DEATH ?

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 420.0 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) (Min.) _____ 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 12-27-56 1919, to 2-11-57, 1919, that I last saw the deceased alive on 2-11-57, 1919, and that death occurred at 5:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John Niederwieser, MD 23b. ADDRESS 5800 Arsenal 23c. DATE SIGNED 2-11-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb 13 1957 24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. FEB 13 57 REGISTRAR'S SIGNATURE Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc., 2161 E. Fair Av

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.....
W. W. Wray

Licensed Embalmer No. *373*

P. O. Address *St. Louis*

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.