

STANDARD CERTIFICATE OF DEATH

26860

FILED JUL 17 1957

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1505

300
1-56

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

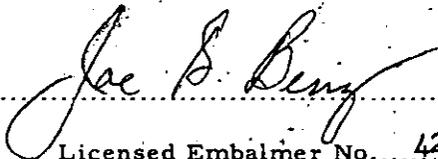
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kirkwood 4648</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Agnes Home,</u>			Length of stay in 1b <u>6 Years,</u>		d. STREET (If outside, give location) ADDRESS <u>10341 Manchester Rd.,</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Aloysius</u> Middle <u>H.</u> Last <u>Keil,</u>				4. DATE OF DEATH Month <u>June</u> Day <u>14,</u> Year <u>1957</u>					
5. SEX <u>Male.</u>		6. COLOR OR RACE <u>White,</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>July 26, 1883</u>		9. AGE (In years last birthday) <u>73</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk-U.S. Engineers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired 11 Years,</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Alvin Keil,</u>				14. MOTHER'S MAIDEN NAME <u>Caroline Middendorf</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Aloysius A. Keil, 5055 Alaska Ave.,</u>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary thrombosis, acute</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary insufficiency, arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis general</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>								INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> <u>6 yrs. estimated</u> <u>10 yrs</u>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <u>4201</u>			
20c. TIME OF INJURY Hour <u>1:05</u> Month <u>June</u> Day <u>14</u> Year <u>1957</u> a. m. <u>a. m.</u> p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>Feb 9, 1957</u> to <u>June 14, 1957</u> and last saw her alive on <u>June 3, 1957</u> Death occurred at <u>1:05 A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>C.H. Brockeborn, M.D.</u>				22b. ADDRESS <u>2615 Brentwood Blvd</u>		22c. DATE SIGNED <u>6/14/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial,</u>		23b. DATE <u>6/17/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery,</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>			
24. FUNERAL DIRECTOR <u>Gebken-Benz Mortuary,</u> ADDRESS <u>2842 Meramec St., St. Louis, 18, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>6-14-57</u>		26. REGISTRAR'S SIGNATURE <u>Herbert B. Dombek</u>			

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 _____


Licensed Embalmer No. 42
2842 Merame

P. O. Address St. Louis,

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.