

Health,
Welfare
Public
Service

300
-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 4 1957

29631
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar 7853

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institutions: Residence before admission) a. STATE Missouri, b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Anthony Hosp.		Length of stay in 1b 12 days.	d. STREET ADDRESS 4336 So. Compton Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary Keim,			4. DATE OF DEATH Month Day Year August 20, 1957		
5. SEX Female.	6. COLOR OR RACE White,	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 15, 1874	9. AGE (In years last birthday) 83	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Bernard Wahlmeyer,			14. MOTHER'S MAIDEN NAME Anna Wahlmeyer		
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. None	17. INFORMANT Address John B. Keim, (Son) 4336a So. Compton.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>General Atherosclerosis with Myocardial Infarction due to Arterio-sclerotic Coronary thrombosis</i> DUE TO (b) <i>As a result of impact</i> DUE TO (c) <i>Generalized Atherosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>420.1</i>					INTERVAL BETWEEN ONSET AND DEATH <i>7 weeks</i>
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a. m. 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 <i>Aug 9 '57</i> to <i>Aug 20 '57</i> and last saw ^{her} _{him} alive on <i>Aug 20 '57</i> Death occurred at <i>1:00 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Raymond T. Merrett, M.D.</i>			22b. ADDRESS <i>5203 Chipmunk</i>		22c. DATE SIGNED <i>8/20/57</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	23b. DATE <i>8/23/57</i>	23c. NAME OF CEMETERY OR CREMATORY <i>SS, Peter & Paul Cemetery,</i>		23d. LOCATION (City, town or county) - <i>St. Louis, Missouri,</i> (State)	
24. FUNERAL DIRECTOR Gebken-Benz Mortuary,		ADDRESS <i>2842 Meramec St. St. Louis, 18, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>AUG 22 '57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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 *Laron E. Percy*

Licensed Embalmer No. *40*

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.