

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 30 1957

45996
STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registration No.

11974

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>44310</u> <u>127 Pointer Lane</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <u>04</u> HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>27</u> <u>Y Ladue</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FREDERIC Augustus KEHL</u>			4. DATE OF DEATH Month Day Year <u>DECEMBER 12, 1957</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 18, 1870</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Federal Brilliant Sign Co.,</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>87yrs</u> IF UNDER 1 YEAR Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <u>Clinton, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Frederick David Kehl</u>		13b. MOTHER'S MAIDEN NAME <u>Wilhelma Hoffman</u>	
14. NAME OF HUSBAND OR WIFE <u>Emma Laying Kehl</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> <u>None</u>	
16. SOCIAL SECURITY NO. <u>489-14-1060A</u>		17. INFORMANT Address <u>F. Arthur Kehl 127 Pointer Lane</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>APLASTIC ANEMIA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>BRONCHOPNEUMONIA 1 1/2 WEEKS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2-3 YEARS</u>
20a. ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>292.4</u>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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>NOV. 29, 1957</u> to <u>DEC. 12, 1957</u> and last saw her alive on <u>DEC. 12, 1957</u> Death occurred at <u>4:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>C. S. Vermillion M. D.</u> (Degree or title)		22b. ADDRESS <u>BARNES HOSPITAL</u>	
22c. DATE SIGNED <u>12/13/57</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec. 14, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
24. FUNERAL DIRECTOR <u>Alexander & Sons 6175 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>DEC 13 '57</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith Mo</u>		26. REGISTRAR'S SIGNATURE	

FEB 13 1958

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 *J. E. McCulloh*

Licensed Embalmer No. *2762*

P. O. Address *615 Dillm*

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.