

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031193
STATE FILE NUMBER

FILED AUG 22 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2167

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>Clayton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clayton</u> <u>4040</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>County Hospital</u>		Length of stay in lb <u>1 MON-2 DAY</u>	d. STREET ADDRESS (If outside, give location) <u>10340 Capital</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>LAURA</u> <u>KELLER</u>			4. DATE OF DEATH Month Day Year <u>8-16-58</u>		
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5. SEX <u>Female</u> ⁻³	6. COLOR OR RACE <u>Negro</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>March 25, 1890</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and state or country) <u>St. Charles Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>US. A.</u>
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13a. FATHER'S NAME <u>Wm. Champ</u>	13b. MOTHER'S MAIDEN NAME <u>Josie Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Alexander Keller</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, unknown) (If yes, give year or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Stella Bates 10340 Capital</u>
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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>Chronic Myelocytic Leukemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/14/58</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	<u>2041</u> <u>8/16/58</u>
	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>Acquired Hemolytic Anemia</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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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
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21. I attended the deceased from <u>July 14, 1958</u> to <u>August 16, 1958</u> and last saw her ^{her} _{him} alive on <u>August 16, 1958</u> Death occurred at <u>7:30 PM</u> on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE (Degree or title) <u>Angelo A. Speno M.D.</u>	22b. ADDRESS <u>601 S. BRENTWOOD BL.</u>	22c. DATE SIGNED <u>8-17-1958</u>
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23a. BURIAL, CREMATION, OR OTHER FINAL DISPOSITION <u>ST. LOUIS</u>	23b. DATE <u>8/23/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MUSIC Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>ST LOUIS CO. MO.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>E. B. Boone 1241 N. Grand</u>	25. DATE RECD. BY LOCAL REG. <u>8-19-58</u>	26. REGISTRAR'S SIGNATURE <u>Herbert R. Conkbe M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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INSTITUTION
ADDRESS
CITY

DATE
TIME

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 Melvin Blackburn

Licensed Embalmer No. 3962
P. O. Address 1221 N. 9th

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.