

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046670  
STATE FILE NUMBER

FILED SEP 15 1958 Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2348

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>ST. LOUIS</b>		
b. CITY OR TOWN <b>MAPLEWOOD</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>MAPLEWOOD 4544</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7228 MOHLER</b>		Length of stay in 1b <b>15 YRS</b>	d. STREET ADDRESS (If outside, give location) <b>7228 MOHLER</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>D</b> Last <b>KELLER</b>			4. DATE OF DEATH Month <b>9</b> Day <b>9</b> Year <b>58</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-18-1901</b>	9. AGE (In years last birthday) <b>57</b>	FUNDED YEAR Months <b>5</b> Days <b>7</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WESTERN UNION</b>		11. BIRTHPLACE (City and state or country) <b>WICHITA FALL TEX</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>UNKNOWN-KELLER</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA ANN</b>	
14. NAME OF HUSBAND OR WIFE <b>RUTH-KELLER</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-05-6052</b>	
17. INFORMANT <b>MRS. FRANK-D-KELLER</b>		Address <b>ABOVE</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF BASE OF TONGUE</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. <b>141.0</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <b>9 MOS</b>	
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 _____ to _____ and last saw her/him alive on _____ Death occurred on <b>SEPT 1958</b> at <b>5:45 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>A. Stutzman M.D.</b>		22b. ADDRESS <b>3720 Washington St Louis</b>		22c. DATE SIGNED <b>TK-10-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>9-12-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>WALSBURG CEM</b>	
23d. LOCATION (City, town, or county) <b>LEONARDVILLE</b>		(State) <b>KANSAS</b>			
24. FUNERAL DIRECTOR <b>JAY-B-SMITH-Maplewood 17 Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9-11-58</b>		26. REGISTRAR'S SIGNATURE <b>Herbert P. Danke M.D.</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *f Allen Davis Jr.*

Licensed Embalmer No. *4053*

P. O. Address *ST*

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.