

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046674

STATE FILE NUMBER

FILED JAN 6 1959

Registration District No.

317

Primary Registration District No.

546

Registrar's No.

3363

300 4
1-57

| | | | | | | | |
|--|----------------------------------|---|--|--|---|--|-----------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Overland 423X | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Good Shepherd | | Length of stay in lb 10 Mo. | | d. STREET ADDRESS 9313 Midland Ave. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Nursing Home Elmer John Keim | | | | 4. DATE OF DEATH Month 12 Day 21 Year 1958 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Feb. 7, 1901 | | 9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Credit Clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Machinery Supply | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Henry N. Keim | | 13b. MOTHER'S MAIDEN NAME Emma Marz | | 14. NAME OF HUSBAND OR WIFE - none | | | |
| 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. 497-03-1661 | | 17. INFORMANT Address HA Dr. Harry F. Keim, 9313 Midland | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia | | | | | | INTERVAL BETWEEN ONSET AND DEATH 3 days | |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. | | DUE TO (b) Atrophic Lateral Sclerosis | | | | 1 1/2 years | |
| | | DUE TO (c) 356.1 | | | | | |
| 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"/> | |
| 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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Oct 37 to 12/21/58 and last saw her Death occurred at 11:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | and last saw him alive on 12/19/58 | | | |
| 22a. SIGNATURE Edward J. Donella (Degree or title) | | | 22b. ADDRESS 3720 Washington Ave | | | 22c. DATE SIGNED 12/23/58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 12/24/58 | 23c. NAME OF CEMETERY OR CREMATORY S S Peter & Paul Cem. | | 23d. LOCATION (City, town, or county) St. Louis | | (State) Mo. |
| 24. FUNERAL DIRECTOR Drehmann-Harral, 1905 Union Blvd. | | | 25. DATE RECD. BY LOCAL REG. 12-23-58 | | 26. REGISTRAR'S SIGNATURE Herbert R. Douke MD | | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Dr. Edw. Kinseella
3720 Washington
Je 3-5100
Hrs. 2:30-5

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

P. O. Address

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.