

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011847
STATE FILE NUMBER

MAR 19 1959 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 644

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-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Manchester		c. CITY OR TOWN Ellisville 4000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION On Highway 141		d. STREET ADDRESS (If outside, give location) R.R.1 Box 436	

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ULRICH KELLER			4. DATE OF DEATH Month Day Year 3-9-1959		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-3-1882	9. AGE (In years last birthday) 76	10. FUNDER 1 YEAR Months Days Hours Min.	11. IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life (See instructions)) Metal lather (Ret.)	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Christ Keller	13b. MOTHER'S MAIDEN NAME Elizabeth Kaiser	14. NAME OF HUSBAND OR WIFE Marie Keller
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, No known) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 493-10-2685	17. INFORMANT Address Mrs. G. Doering 525 Atlanta
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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) Multiple injuries, shock and hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
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)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input checked="" 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.) Operator of motor vehicle involved in collision with cement truck
20c. TIME OF INJURY Hour Month, Day, Year 1:30 p.m. 3/9/59	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway	20f. CITY, TOWN, OR LOCATION COUNTY STATE Rural St. Louis Missouri
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21. I attended the deceased from _____, to _____, and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>James H. Law</i> Coroner	22b. ADDRESS Clayton, Mo.	22c. DATE SIGNED 3/13/59
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23a. BURIAL, CREMATION, or other disposition (Specify in this city) Burial	23b. DATE 3-12-1959	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kirkwood Mo.
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24. FUNERAL DIRECTOR ADDRESS Parker-Aldrich Webster Groves Mo	25. DATE RECD. BY LOCAL REG. 3-11-59	26. REGISTRATION SIGNATURE <i>James H. Law</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Robert M. Murray*

Licensed Embalmer No. *3749*
P. O. Address *St. Louis Mo*

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.