URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-042853

FILED VS DEC 3 1959 317

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 3126

AMENDED

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights 17 — Length of stay in 1b: 4 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Mary's Hospital — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Louis
c. CITY OR TOWN Webster Groves 19 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 500 Bismark — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First Wahnecta Middle Edith Last Keller

4. DATE OF DEATH: Month 11 Day 23 Year 1959

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-9-1897 [redacted]

9. AGE (last birthday): 62

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Bingham Iowa

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Florian Davis

13b. MOTHER'S MAIDEN NAME: Edna Mariner

14. NAME OF HUSBAND OR WIFE: Rex Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: unk.

17. INFORMANT: Rex Keller Address: 500 Bismark N.S. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Diabetes mellitus, arteriosclerotic heart disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☑ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 10-29-59 to 11-23-59 and last saw him alive on Nov. 22, 1959
Death occurred at 5:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. J. Vollmer (Degree or title) MD

22b. ADDRESS 53 W. Big Bend

22c. DATE SIGNED 11-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-25-1959

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) Jefferson Barracks (State) Mo

24. FUNERAL DIRECTOR Mittelberg ADDRESS Webster Groves Mo

25. DATE RECD. BY LOCAL REG. NOV 24 1959

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No. — —

working under my personal supervision.

Student — — — —
Signature of Student Embalmer

Signed Elton R. H. Remelias

Licensed Embalmer No. 4283

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.