

FEDERAL BUREAU OF INVESTIGATION
 U.S. DEPARTMENT OF JUSTICE
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'59 0 45 6 2 2

FILED VS. DEC 21 1959

211255

STATE FILE NUMBER

UNDECEASED

Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 45 yrs	c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 5756 Kingsbury (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First SAMUEL Middle Last KEINER			4. DATE OF DEATH Month 12 - 4 -1959 Day Year			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger		10b. KIND OF BUSINESS OR INDUSTRY Alvin Optical Co.	11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David Keiner		13b. MOTHER'S MAIDEN NAME Bluma Junickman		14. NAME OF HUSBAND OR WIFE Fannie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give No No (If yes, give No or dates of service) No		16. SOCIAL SECURITY NO. 493-07-0436	17. INFORMANT Address Sidney Keiner 1959 Driftwood			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Compound comminuted fracture of the legs; DUE TO (b) Acute Aneurysm DUE TO (c) Coronary Occlusion, 812.4.25 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate disease condition given in PART I. (a) Suppurated ulcer about hip area operated by PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter full name of institution in PART I or PART II, item 18.) Missouri State Penitentiary, Joplin, Mo. 605 p.m. November 10th				
20c. TIME OF INJURY 6:05 p.m.	Month, Day, Year 11 10 59 1959					
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 building, etc.) 214 Street	20f. CITY, TOWN, OR LOCATION St. Louis Mo	COUNTY	STATE		
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at 440 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Charles E. Berger			22b. ADDRESS 1301 E. 13th St.		22c. DATE SIGNED 12/4/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 12-6-59	23c. NAME OF CEMETERY OR CREMATORY Shel Emeth Cem.		23d. LOCATION (City, town, or county) Univ. City, Mo.		
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson			25. DATE RECD. BY LOCAL REG. DEC 4 1959	26. REGISTRAR'S SIGNATURE Keal Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

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 _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lawrence J. Deina*

Licensed Embalmer No. 3988

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.