

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 28 1960

60-044462

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3243

|   |   |   |  |  |  |  |   |
|---|---|---|--|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kirkwood</b>  |   | Length of stay in 1b<br><b>4 days</b>   |  | c. CITY OR TOWN <b>Kirkwood</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>   |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location)<br><b>666 E. Adams</b>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>ROBERT</b> Middle <b>A.</b> Last <b>KELLER</b>  |   |   |  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>7,</b> Year <b>1960</b>   |  |  |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>11-1-1883</b>   | 9. AGE (last birthday)<br><b>77</b>                  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HR<br>Hours _____ Min. _____  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Leather Grader</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Brown Shoe</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Bellville, Ill.</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>John Keller</b>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Helen Yungbluth</b>                                  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Emma C. Keller</b> |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT <b>Kirkwood</b> Address <b>Missouri</b><br><b>Emma C. Keller-666 E. Adams</b>  |  |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Arteriosclerosis, generalized, severe, with coronary sclerosis, severe</b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>unknown</b>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |   |  |  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour _____ a.m. _____ p.m.   | Month, Day, Year  |   |  |  |  |  |   |
| 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 <b>11-4-60</b> to <b>11-7-60</b> and last saw her/him alive on <b>11-7-60</b><br>Death occurred at <b>3:30</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |  |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Robert A. Looney M.D.</b>  |   |   | 22b. ADDRESS<br><b>126 P. Jefferson<br/>Kirkwood, Missouri</b>                       |  |  | 22c. DATE SIGNED<br><b>11-8-60</b>   |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>11-10-1960</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cem.</b>   |  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co. Missouri</b>   |  |  |   |
| 24. FUNERAL DIRECTOR<br><b>Pfitzinger Mort-Kirkwood 22, Mo.</b>   |   |   | ADDRESS  |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-9-60</b>       | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy M.D.</b>  |   |

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 

Licensed Embalmer No. 4426  
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.