

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-048273

FILED VS JAN 5 1961 317

Registration District No. _____ Primary Registration District No. **500 5** Registrar's No. **3769**

STATE FILE NUMBER

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 Florissant Twnshp		Length of stay in 1b 5 mos.	c. CITY OR TOWN Florissant		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Stanislaus Seminary			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) St. Stanislaus Seminary	
3. NAME OF DECEASED (Type or print) First GEORGE Middle ALEXANDER Last KEITH			4. DATE OF DEATH Month December Day 28 Year 1960		
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 12-25-1883	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Priest		10b. KIND OF BUSINESS OR INDUSTRY Soc. of Jesus	11. BIRTHPLACE (City and state or country) Denver, Colorado	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David Keith		13b. MOTHER'S MAIDEN NAME Catherine Shannon		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. None	17. INFORMANT Fr. Wilfrid Charleville Address Florissant, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 6 mos
DUE TO (b) Carcinoma of Stomach		
DUE TO (c)		
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. <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 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 _____ 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 Florissant	COUNTY Missouri	STATE Missouri
21. I attended the deceased from 8/8/60 to present and last saw him alive on 12/5/60 Death occurred at 11 AM on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>[Signature]</i>	22b. ADDRESS Northland Med Bldg	22c. DATE SIGNED 12/29/60		

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-31-60	23c. NAME OF CEMETERY OR CREMATORY St. Stanislaus	23d. LOCATION (City, town, or county) (State) Florissant, Mo.
24. FUNERAL DIRECTOR The Florissant Mortuary, Florissant, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-60	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

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

Student _____
Signature of Student Embalmer

Signed Gene A. Hutchins

Licensed Embalmer No. 4466

P. O. Address FLORISSANT, LA

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.