SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=022779
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6337

FILED JUL 13 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 10 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lutheran — Inside Limits: Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: ~~St Louis~~
c. CITY OR TOWN: St. Louis — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3139 Maury — Reside on Farm: Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Alfred — Middle: J — Last: Keck

4. DATE OF DEATH: Month: July — Day: 8 — Year: 1961

5. SEX: Male

6. COLOR OR RACE: white

7. Married X ☐ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 8-11-1903

9. AGE (last birthday): 57

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): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (City and state or country): Columbia, Illinois

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: George Keck

13b. MOTHER'S MAIDEN NAME: Emilie Pfingsten

14. NAME OF HUSBAND OR WIFE: Ella Keck nee Roediger

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.

17. INFORMANT: Ella Keck — Address: 3139 Maury, St Louis, Missouri

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): Adenocarcinoma of left kidney, with metastases to heart, lungs, and bone. — INTERVAL BETWEEN ONSET AND DEATH: ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 180X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Decubitus ulcers over sacrum and both buttocks

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

19. WAS AUTOPSY PERFORMED? YES X 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 July 1, 1961, to July 6, 1961 and last saw ~~her~~ him ~~alive~~ on July 5, 1961

Death occurred at 5:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene V. Buschel M.D.

22b. ADDRESS: 4401 Hampton Avenue

22c. DATE SIGNED: 7/7/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 8, 1961

23c. NAME OF CEMETERY OR CREMATORY: ST Paul Lutheran

23d. LOCATION (City, town, or county) (State): Columbia, Illinois

24. FUNERAL DIRECTOR — ADDRESS: Josephine Schmidt — 218 S Metter Columbia, Illinois

25. DATE RECD. BY LOCAL REG.: JUL 8 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed Josephine Schn

Licensed Embalmer No. 7075

P. O. Address Columb Illino

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