SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-022785

STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5506

FILED JUN 16 1961

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: 72 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Firmin Desloge Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3909 Gravois Ave.
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First George Middle F. Last Keller
4. DATE OF DEATH: Month 6 Day 10 Year 61
5. SEX: Male
6. COLOR OR RACE: White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 7/14/88
9. AGE (last birthday): 72
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): Retired shoe worker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Charles Keller
13b. MOTHER'S MAIDEN NAME: ------ Dreher
14. NAME OF HUSBAND OR WIFE: Rose J. 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.: yes
17. INFORMANT: Firmine Buscher Address: 3909a Gravois

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): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
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 1/5/60, to 6/10/61 and last saw her/him alive on 6/9/61
Death occurred at 6/10/61 6:20 a.m./p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Robert A. Reider (Degree or title) M.D.
22b. ADDRESS: 52 Maryland Plaza
22c. DATE SIGNED: 6/12/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/14/61
23c. NAME OF CEMETERY OR CREMATORY: New St. Marcus Cem.
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri
24. FUNERAL DIRECTOR: WACKER-HELDERIE ADDRESS: 3634 Gravois
25. DATE RECD. BY LOCAL REG.: JUN 13 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | BY AFFIDAVIT OF | ITEM NO.

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address St. Louis

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.