MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

-61-027726
STATE FILE NUMBER

AMENDED FILED JUL 19 1961

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1832

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Michigan
b. COUNTY: Bay
c. CITY OR TOWN: Bay City
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3515 State St,Rd
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Stella Middle: Last: Keller
4. DATE OF DEATH: Month: June Day: 30 Year: 61
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH:
9. AGE (last birthday): 39
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Kingston Mich
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Browny Galvenski
13b. MOTHER'S MAIDEN NAME: Julia Lesinski
14. NAME OF HUSBAND OR WIFE: William 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.: None
17. INFORMANT: Felix Galvenski Address: Gainesville Texas

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): Multiple injuries - consistent with automobile accident
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2 car collision - (passenger)
20c. TIME OF INJURY: Hour 5:30 a.m. ~~p.m.~~ Month, Day, Year 6/30/61 (CST)
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.): highway
20f. CITY, TOWN, OR LOCATION: COUNTY: St. Louis STATE: Missouri

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at 8:15 A.M. (DST) m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Raymond Hall (Degree or title) Coroner
22b. ADDRESS: Clayton, Mo.
22c. DATE SIGNED: 7/5/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-2-61
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Bay City,Mich
24. FUNERAL DIRECTOR: Albert H.Hoppe ADDRESS: 4700 Washington Stapish Bay City, Mich
25. DATE RECD. BY LOCAL REG.: 7/1/61
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley H. Dixon

Licensed Embalmer No. 4198

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.