

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-046492**

**FILED DEC 18 1961**

STATE FILE NUMBER

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11484**

AMENDED

COPIES AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

<b>1. PLACE OF DEATH</b> a. COUNTY			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE                      b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <i>4 ds</i>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jewish Hosp</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>5506 Vermont</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Walter</b> Middle <b>T</b> Last <b>Keller</b>			<b>4. DATE OF DEATH</b> Month <b>12</b> Day <b>6</b> Year <b>61</b>			
<b>5. SEX</b> <b>M</b>	<b>6. COLOR OR RACE</b> <b>W</b>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12/16/1900</b>	<b>9. AGE (last birthday)</b> <b>60</b>	<b>IF UNDER 1 YEAR</b> Months      Days      Hours      Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Park Police</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>City of St. Louis</b>		<b>11. BIRTHPLACE</b> (City and state or country) <b>St. Louis</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>	
<b>13a. FATHER'S NAME</b> <b>Henry Keller</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Hartmann</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Evelyn</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			<b>17. INFORMANT</b> Address <b>Evelyn Keller 5506 Vermont</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Spinal Cord Compression</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 dys</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Compression fracture of spine 4 dys</b>					
	DUE TO (c) <b>Carcinoma of tongue -&gt; Path. fract. spine 8 mon</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>141.9</b>					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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour      Month, Day, Year a.m.      p.m.						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE				
<b>21. I attended the deceased from</b> <b>12/3/61</b> <sup><i>4:10</i></sup> <b>to</b> <b>12/6/61</b> <b>and last saw her/him alive on</b> <b>12/6/61</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> (Degree or title) <i>Thomas J. Bauer MD</i>			<b>22b. ADDRESS</b> <b>216 S. Kingshighway St. Louis</b>		<b>22c. DATE SIGNED</b> <b>12/7/61</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>removal</b>	<b>23b. DATE</b> <b>12/9/61</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>SunSet Burial Park</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Schuma cher 3013 Mermaec</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>DEC 9 1961</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Earl Smith M.D.</i>			

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 *J. W. Dauph*  
Licensed Embalmer No. 91746  
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.