MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3096 STATE FILE NUMBER 62-012860

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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81

USE BLACK INK OR TYPEWRITER RIBBON

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
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis,Mo.
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St.Luke's Hospital
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St.Louis,
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2014 North 9th Str
Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First SARAH Middle Last KECK
4. DATE OF DEATH: Month March Day 21 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: June 22 1893
9. AGE (last birthday): 68
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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: SMILEY ORR
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Oscar Keck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Oscar Keck, Address: 2014 N.9th.Str.

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) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) alergic pneumonitis.
DUE TO (c) 492X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Obstructive Jaundice — Stone in Common Duct.
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] 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 3/12/62, to 3/21/62 and last saw her alive on 3/21/62
Death occurred at 4:30 Am m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE James A. Brennan MD (Degree or title)
22b. ADDRESS 5535 Delmar.
22c. DATE SIGNED 3/21/62
23a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
23b. DATE: March 23 1962
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA
23d. LOCATION (City, town, or county) (State): ST.LOUIS COUNTY MO.
24. FUNERAL DIRECTOR: HENRY LEIDNER UND CO ADDRESS: 2223 St.Louis Ave.
25. DATE RECD. BY LOCAL REG.: MAR 22 1962
26. REGISTRAR'S SIGNATURE: Hoad 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert Mayfield

Licensed Embalmer No. 3077

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.