

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036345

Registration District No. **318** Primary Registration District **1003** Registrar's No. **8683** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 17 1962		1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in lb 1 day		c. CITY OR TOWN Clayton Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bethesda Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 900 S. Meramec Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last MARIE CAROLINE KEIGHTLEY			4. DATE OF DEATH Month Day Year Sept. 5, 1962			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/12/1887	9. AGE (last birthday) 85	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman of Board		10b. KIND OF BUSINESS OR INDUSTRY Keightley Bros. Coal Co., Inc.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John J. Quigley		13b. MOTHER'S MAIDEN NAME Julia Ewall		
14. NAME OF HUSBAND OR WIFE Frank L. Keightley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. <input type="checkbox"/>		
17. INFORMANT John R. Keightley #8 Holiday Lane		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease with pulmonary edema DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 5 days 2 days		
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		4200	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20f. CITY, TOWN, OR LOCATION Clayton		20g. COUNTY Clayton		20h. STATE Mo.		
21. I attended the deceased from 7/25/1960 to Sept. 5, 1962 and last saw her him alive on Sept. 5, 1962 . Death occurred at 8:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Thomas E. Parker M.D.</i> (Degree or title)		22b. ADDRESS 4660 Maryland Ave.		
22c. DATE SIGNED 9/6/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Sept. 8, 1962		
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleums		23d. LOCATION (City, town, or county) St. Louis County, Mo.		24. FUNERAL DIRECTOR Ambruster Mortuary 6633 Clayton Rd.		
25. DATE RECD. BY LOCAL REG. SEP 7 1962		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i>				

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 DATE AMENDED
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 BY AFFIDAVIT OF
 USE BLACK INK OR TYPEWRITER RIBBON

2002-85-002

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 Yau M. Sizemore

Licensed Embalmer No. 4343

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.