V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35553

FILED DEC 1 1942

Registration District No. 348

Primary Registration District No. 1003

Registrar's No. 9744

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2024 Menard Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 2024 Menard Street
(If rural, give location)

(e) Citizen of foreign country? -- (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry R. Keller

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Jane Keller

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased January (Month) 29, (Day) 1865 (Year)

8. AGE: Years 77 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Mobile, (City, town, or county) Alabama / (State or foreign country)

10. Usual occupation Retired

11. Industry or business 4 years

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Jane Keller
(b) Address 2024 Menard Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 23 42 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Nacker-Helderle Und. Co.
(b) Address 3634 Gravois Avenue

19. (a) NOV 23 1942 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
year 1942 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 11-6-42, 19, to 11-20, 1942
that I last saw him alive on 11-20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Failure	4 yrs.
Due to Coronary arteriosclerosis,	4 yrs.
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	93
Major findings: Of operations none	93
Of autopsy none	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)

While at work? (e) Means of injury

23. Signature F. J. Swekosky (M. D. or other) M.D.
Address 1935 Park Date signed 11-21-42

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.