

STANDARD CERTIFICATE OF DEATH

State File No. 36179Registration District No. 784Primary Registration District No. 200Registrar's No. 2297

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Lemay
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Rose Sanatorium ()
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10/10/41 to 11/12/41
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7122 Stanford Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME

KEOB, ERNEST
 8. (b) If veteran, name war _____
 8. (c) Social Security No. 489-03-2336

4. Sex MALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife FLORENCE KEOB
 6. (c) Age of husband or wife if alive 42 years
 7. Birth date of deceased SEPT. 11. 1893
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
48 2 1 _____ hr. _____ min.

9. Birthplace Michigan
 (City, town, or county) (State or foreign country)

10. Usual occupation FOREMAN

11. Industry or business ANDREWS MFG. Co.

MOTHER, FATHER { 12. Name John Keob
 18. Birthplace MICHIGAN
 (City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN
 15. Birthplace MICHIGAN
 (City, town, or county) (State or foreign country)

16. (a) Informant Florence Keob

(b) Address 7122 STANFORD AVE

17. (a) BURIAL (b) Date thereof 11-15-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director L. M. Muller

(b) Address 5165 DELMAR BLVD

19. (a) NOV 13 1941 (b) C. E. McHarran
 (Date received local health officer's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
 year 1941 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from OCT 10, 1941, to Nov 12, 1941;
 that I last saw him alive on Nov 8, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Gas advanced
Obstruction of the bowels?

Due to _____

Due to 1361

Other conditions Thin enteritis
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy _____

Duration

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?

While at work? _____ (Specify type of place)
 (e) Means of injury 10

23. Signature Arthur C. Stecke M.D. (M. D. or other)

Address 607 No Grand Blvd Date signed 11/13/41