

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1. PLACE OF DEATH

County..... Registration District No..... File No.....
 Township..... Primary Registration District No..... Registered No. **9535**
 City St. Louis (No. 4, Delian Brothers St. Ward)

2. FULL NAME

(a) Residence, No. 12975 Jefferson 4 Ward. Oct 18 1924
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12th 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
57 3 7

8. OCCUPATION OF DECEASED Watchman

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer American Rubber & Insulator

9. BIRTHPLACE (CITY OR TOWN) Woodville

(STATE OR COUNTRY) Ohio

10. NAME OF FATHER James Keene

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dublin

(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ann Hammond

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dublin

(STATE OR COUNTRY) Ireland

PARENTS

14. INFORMANT James Keene

(Address) Mansfield Ohio

15. FILED 25 19 ma & Starr coll

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 18 1924

17. I HEREBY CERTIFY, That I attended deceased from 9:25 19 24 to Oct 18 1924 (that I last saw him alive on Oct 18 1924 and that death occurred, on the date stated above, at 7:26 P.M. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic glomerulonephritis
1 1/2 yrs (duration) 1 yrs. 3 mos. da.
 CONTRIBUTORY (SECONDARY) Chronic Hypertension
 (duration) 3 yrs. 3 mos. da.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH? _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Substitin

(Signed) J. P. Brady, M. D.

1919, 1927 (Address) Alton, Ill.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clude Ohio

DATE OF BURIAL Oct 21 1924

20. UNDERTAKER John P. Green

ADDRESS 1239 Grand

