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

Do not use this space.

35343

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10332

City St Louis (No. 3028 Vine Grove Ave St. ..... Ward)

2. FULL NAME Jesse H. Keebaugh

(a) Residence. No. 3028 Vine Grove Av 10 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Grace Keebaugh

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr 15 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	6	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Asst. Trust Officer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: Miss. Valley Trust Co

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Glasgow Mo

PARENTS

10. NAME OF FATHER: Joseph Keebaugh
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Gertrude Roper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Grace Keebaugh
(Address) 3028 Vine Grove Ave

15. FILED ..... 19.... May C Starkloff REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1928 to Oct 21, 1928 that I last saw him alive on Oct 20, 1928, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
130
93A
(duration) — yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY): Acute Parenchymatous nephritis
(duration) — yrs. 6 mos. — ds.

18. WHERE WAS DISEASE CONTRACTED? 1 2 9 A
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Urine & Blood Pressure

(Signed) P. J. Stenz, M. D
10/22, 1928 (Address) Missouri Theatre Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine Cem
DATE OF BURIAL: Oct 23 1928

20. UNDERTAKER: A Kron L Co
ADDRESS: 2707 N. Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.