

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

Do not use this space.

12754

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 11003  
City St. Louis (No. 3341a Wisconsin)

File No. ....  
Registered No. 3294  
St. .... Ward)

**2. FULL NAME** Keith Janice Kerwin

(a) Residence, No. 3341a Wisconsin St. 24 Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 15 - 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 7 hrs. or — min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) Infant  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Walter M Kerwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Johanna Hoover

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

14. INFORMANT Walter M Kerwin  
(Address) 3341a Wisconsin Ave

15. FILED Walter M Kerwin REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 31 15 29

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

159  
158 congenital debility  
due to premature birth  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 161a  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? Yes  
WHAT TEST CONFIRMED DIAGNOSIS? Te De Bened

(Signed) Te De Bened, M. D.  
3/15, 1929 (Address) 202 S. Broadway  
\*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 Calvary Cemetery DATE OF BURIAL Mar 16 1929

20. UNDERTAKER J & S Subbin 2630 Franklin Ave. ADDRESS

PARENTS

