WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAY 7 1931

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

Do not use this space.

15466

1. PLACE OF DEATH
County St Louis — Registration District No. 784
Township St Ferdinand — Primary Registration District No. 6030
City Florissant (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Wilbert Theodore Keeven

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18 - 1930

7. AGE: YEARS — MONTHS 8 DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florissant Mo

FATHER
13. NAME: Henry B. Keeven
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Florissant Mo

MOTHER
15. MAIDEN NAME: Mary Margriart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Henry B Keeven Florissant Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sacred Heart Cem DATE April 20 1931

19. UNDERTAKER (ADDRESS): H. Dallmeyer & Sons 60 800 N. 2nd St Kirkwood Mo

20. FILED 5/7 1931 Dr Carl J Koontz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18th, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 18, 1931, to April 18, 1931
I last saw him alive on April 18, 1931. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenzal Pneumonia	4-15-31
11A	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J. J. Millmann, M. D.
(Address) Florissant Mo.