

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

Do not use this space.

26088

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City (No. _____) St. _____ Ward _____

2. FULL NAME

Louis Keever
(a) Residence, No. St. Louis 9 R T St. _____ 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

OCCUPATION	3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
MOTHER	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 8th 1931</u>			
	7. AGE	YEARS <u>-</u>	MONTHS <u>-</u>	DAYS <u>1</u>
	If LESS than 1 day, _____ hrs. or _____ min.			
FATHER	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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) <u>mo</u>				
13. NAME <u>Aloys Keever</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>				
15. MAIDEN NAME <u>Josephine Derhake</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>				
17. INFORMANT <u>Aloys Keever</u> (ADDRESS) <u>Flouissant, St. R.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sacret Heart Cem.</u> DATE <u>July 10th 1931</u>				
19. UNDERTAKER <u>Edward Walsh</u> (ADDRESS) <u>3516 N. 14th</u>				
20. FILED <u>July 9th 1931</u> <u>Dr. Carl J. Reilly</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/8, 1931, to 7/9, 1931.
I last saw him alive on 2:30 P.M. 7/9/31. Death is said to have occurred on the date stated above, at 213rd St. in.
The principal cause of death and related causes of importance were as follows:
Convulsions -
86 86
Other contributory causes of importance:
unknown

23. If death was due to external causes (violence), fill in also the following:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
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) L. J. Keever, M. D.
(Address) 8321 No. Broadway

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.

AUG - 9 1931

