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

Do not use this space.

29458

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 8466

City ST. LOUIS MO. (No. CHRISTIAN HOSPITAL. St. ..... Ward)

2. FULL NAME FRANCIS R. KEENEY.

(a) Residence. No. 6104 LALITE AVE. St., 7 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: FEMALE.

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: RALPH M. KEENEY.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8/27/1896.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	11	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: HOUSEWIFE. 121 B

(b) General nature of industry, business, or establishment in which employed (or employer): 12 [illegible]

(c) Name of employer: 12 [illegible] A

9. BIRTHPLACE (CITY OR TOWN) ST. LOUIS
(STATE OR COUNTRY) MISSOURI.

PARENTS

10. NAME OF FATHER: JOSEPH HERTZ.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) KENTUCKY.

12. MAIDEN NAME OF MOTHER: NOT KNOWN.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) NOT KNOWN.

14. INFORMANT Ralph M. Keeney
(Address) 6104 Lalite Ave.

15. FILED AUG -5 1931 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 4 1931

17. I HEREBY CERTIFY, That I attended deceased from July 30, 1931 to Aug 4, 1931 that I last saw her alive on Aug 4, 1931, and that death occurred, on the date stated above, at 11 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gangrenous Bowels due to Adhesion from a previous Operation for Appendicitis (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Bowel Obstruction (duration) ..... yrs. ..... mos. 1½ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Aug 2, 1931

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Various.

(Signed) Harding M.D.

, 19 (Address) 5076 Union Blvd.

*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: Oak Grove Cem

DATE OF BURIAL: 8/7/31 19

20. UNDERTAKER: Provost Und. Co

ADDRESS: 3710 N Grand

WHITE 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.