

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

Do not use this space.

32348

1. PLACE OF DEATH

County St. Louis
Township Meramec
City..... (No.....)

Registration District No. 785
Primary Registration District No. 6032

File No.....
Registered No. 196
St..... Ward.....

2. FULL NAME

Beatrice Keeth

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

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Keeth</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb - 4 - 1906</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>25</u>	<u>7</u>	<u>6</u>	
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Housewife</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) <u>Own home</u>				
(c) Name of employer				

9. BIRTHPLACE (CITY OR TOWN) Iberia
(STATE OR COUNTRY) Mo

PARENTS	10. NAME OF FATHER <u>Frank Andrews</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Oklahoma</u>
	12. MAIDEN NAME OF MOTHER <u>Lallah Whittle</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Iberia Mo</u>

14. INFORMANT Henry Keeth
(Address) Crescent, Mo

15. FILED 9/4 1931 L. E. Bannett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1931

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck by locomotive while driving an automobile across railroad crossing on a public highway at Crescent, Mo.
CONTRIBUTORY (SECONDARY) Multiple fractures (skull, ribs, R. humerus & R. elbow & fibula), (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 20614 Crescent, Mo.

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS Physic signs
(Signed) J. H. O'Connell M. D.
9/11 1931 (Address) Foran's Spous' Society

*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 Iberia Mo DATE OF BURIAL Sept 12 1931

22. UNDERTAKER Pharence Casey ADDRESS Iberia Mo

1931 9 6 1501

2576

1906 2 10

1931-9-10

Handwritten notes and scribbles, including the word "S" and other illegible characters.