

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
1003
Primary Registration District No. 5746 Palm

File No. 39405
Registered No. 11595
St. Ward)

2. FULL NAME

(a) Residence, No. 5746 Palm St., 6 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Adolphus Keehn

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Mo

MOTHER 13. NAME David Stevens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mr. Belle Leslie (ADDRESS) 5746 Palm St

18. BURIAL, CREMATION, OR REMOVAL Memorial Park PLACE Nov. 20, 1931

19. UNDERTAKER (ADDRESS) Duchmanus Hargul 1905 Upper Blvd

20. FILED 19 1931 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 22, 1931, to Nov 18, 1931
I last saw h. er alive on Nov 18, 1931. Death is said to have occurred on the date stated above, at 7:50 p.m.
The principal cause of death and related causes of importance were as follows:

131
930
1325 Chronic Interstitial Nephritis 3 days
Chronic Myocarditis 6 months

Other contributory causes of importance:
Chronic Interstitial Nephritis
Chronic Myocarditis

Name of operation None Date of _____
What test confirmed diagnosis? X-rays Was there an autopsy? Yes

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? _____
If so, specify _____
(Signed) Geoff Kinger, M. D.
(Address) 3442

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.

Dr. Hoeger
Gladstone Palm

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