

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

Do not use this space.

18249

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City..... (No., St. Ward)

File No.
Registered No. 4460

2. FULL NAME

(a) Residence, No. 4241 Fern Ave Ward. 10
(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 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) 12-21-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 5 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) St. Louis, Mo.

13. NAME Michael Keough

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

15. MAIDEN NAME Kelen Charkson

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

17. INFORMANT (ADDRESS) Michael Keough

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marys DATE 12-22-1933

19. UNDERTAKER (ADDRESS) Santerey 6722 75th Street, St. Louis, Mo.

20. FILED 19 19 J. Bredock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1933, to 5/19, 1933

I last saw him alive on 5/19, 1933 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Pneumonia, lobar
Primary
108

Other contributory causes of importance

108
Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) Quintin H. ... M. D.
(Address) 3606 Gravois

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.

RECORD

