

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

Do not use this space.

MAY 25 1934



15201

File No. ....

Registered No. **4420**

St. .... Ward)

**1. PLACE OF DEATH**

County .....

Registration District No. **791**

Township .....

Primary Registration District No. **003**

City **St. Louis**

(No. **3940 N. 20 St.**)

**2. FULL NAME**

**Louise Keena**

(a) Residence, No. **3940 N. 20** St. **26** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **73** 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**

**Widowed - John Keena**

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

**Sept. 9, 1860**

**7. AGE**

YEARS **73**

MONTHS **7**

DAYS **19**

If LESS than 1 day, ..... hrs. or ..... min.

**OCCUPATION**

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

**Housework**

**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.**

**FATHER**

**13. NAME**

**Henry Jahn**

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

**Not known, Germany**

**MOTHER**

**15. MAIDEN NAME**

**Not known**

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

**Not known, Germany**

**17. INFORMANT (ADDRESS)**

**John Keena, 3940 N. 20 St.**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE **Bellefontaine** DATE **May 1, 1934**

**19. UNDERTAKER (ADDRESS)**

**Cluedinger & Stone, 3934 N. 20 St.**

**20. FILED**

**MAY -1 1934**

**J. D. Bredebeck, Registrar**

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** **April 28, 1934**

**22. I HEREBY CERTIFY, That I attended deceased from** **3-20**, 1934, to **4-29**, 1934.

I last saw **her** alive on **4-28**, 1934. Death is said

to have occurred on the date stated above, at **10:15** p. m.

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

**Pneumonia Post Operative**

Date of onset **April 28, 1934**

Other contributory causes of importance:

**None**

Name of operation **None** 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 **W. W. Gilbert**, M. D.

(Address) **1103 Eastmore**

~~Dr. G. East  
4103 East  
10/11~~

---

334<sup>a</sup> Franklin  
Sec. 24

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. 3440 N 20 St) ..... St. .... (Ward)

File No. ....  
 Registered No. 4420

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 28 1934

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

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the ..... above, at ..... m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
73 7 19

Carcinoma Date of onset

Primary seat unknown

Other contributory causes of importance:

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)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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

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.

15. MAIDEN NAME

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

Manner of injury.....

Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed) W W Gilbert, M. D.

(Address) 4103 Boston ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 6-16-34 J J Predeck Registrar.

SUPPLEMENTARY

53

6-15201