

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.

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

Do not use this space.

APR 29 1935

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **1421**) **Montrose** St. _____ Ward _____

14278

File No. _____
 Registered No. **3088**
 St. _____ Ward _____

2. FULL NAME **PETER McKEEVER**

(a) Residence, No. **1421 MONTROSE** St., **18** Ward.

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

3. SEX **Male** 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 **Annie McKEEVER**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 21-1866**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 11 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Carpenter.**
 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) **Jefferson County Mo.**

MOTHER FATHER 13. NAME **Thomas McKEEVER**

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

15. MAIDEN NAME **Mary Farley**

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

17. INFORMANT (ADDRESS) **Annie McKeever**
wife 1421 Montrose

18. BURIAL, CREMATION, OR REMOVAL **Burnsville Mo. DATE 4-6 31**

19. UNDERTAKER (ADDRESS) **Palmer Funeral Home**
Waring Springs Mo

20. FILED **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-3** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **3/30**, 19**35**, to **4/3**, 19**35**.

I last saw him alive on **4/2**, 19**35**. Death is said to have occurred on the date stated above, at **12:30** A.M.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia 7:30-3:30

Other contributory causes of importance:

Asthma 10/7/30 19**30**

Name of operation _____ Date of _____
 What test confirmed diagnosis? **Clinical** Was there an autopsy? **no**

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 **L. R. Wentzel**, M. D.
 (Signed) **L. R. Wentzel**
 (Address) **2726 Chouteau**

Dr. L. R. Wentz
2776 Chouteau

1951-1952