

JUL 27 1936

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

Do not use this space.

24128

1. PLACE OF DEATH

County St. Louis Registration District No. 789  
Township Central Primary Registration District No. 6033  
City Overland (No. 9438, Tennyson)

File No. \_\_\_\_\_  
Registered No. 173 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Susie Keevil

(a) Residence, No. 9438 Tennyson St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred life 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 Albert Sidney Keevil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/19/56

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife  
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 Jos. Steele

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

MOTHER 15. MAIDEN NAME Alvina Wilson

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

17. INFORMANT Daisy Wlodsarek  
(ADDRESS) Robertson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE 6/13/36 19.

19. UNDERTAKER ALEXANDER AND SONS  
(ADDRESS) 6175 Delmar

20. FILED 6-12- 19 36 H. A. Boehmer  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1936

22. I HEREBY CERTIFY, that I attended deceased from June 6- 1936 to June 10, 1936  
I last saw h. alive on June 10, 1936 Death is said to have occurred on the date stated above, at 10 A. m.

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

Cerebral Hemorrhage Date of onset 48 days  
Alveolar Tuberculosis

Other contributory causes of importance:

Asymptomatic  
Chronic Pleurisy  
Chronic Tuberculosis

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) H. A. Boehmer, M. D.  
(Address) Missouri, St. Louis

WRITE PEAINLY, 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.

AC Lewis  
University of Utah  
Salt Lake City, Utah 84142

Between 11:00 and 1:00