

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.

MAR 12 1936

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City *St. Louis Mo.* (No. *Maternity Hospital*)File No. **47829**Registered No. **1753**

St. Ward)

2. FULL NAME *Keeney, Infant*(a) Residence, No. *4326 Hunt Ave.* St. *18* Ward.

(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 *Indeterminate* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-16-36*7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
Stillborn *0* *0*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Nil*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Nil*

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 *Keeney, Roy*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Maple, Mo.*15. MAIDEN NAME *Danaher, Mary*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo.*17. INFORMANT *Roy Keeney* (ADDRESS) *4326 Hunt Ave.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabron Cem.* DATE *Feb 17, 1936*19. UNDERTAKER *Garth E. Conburn* (ADDRESS) *4234 Manchester Ave.*20. FILED *FEB 17 1936* *J. T. Predeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Stillborn Feb. 16, 1936*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 16, 1936* to *19*I last saw *it* alive on *Never*, 19..... Death is saidto have occurred on the date stated above, at *1:35 A.M.*

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

Stillborn
Macerated fetus
Date of onset

Other contributory causes of importance:

Monstrosity, Anencephalic
Imperforate anus

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

What test confirmed diagnosis?..... 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? *No*If so, specify..... *Autism, E. Proulx, M.D.*(Signed)..... *G. S. E. King*, M. D.(Address)..... *Washington*

