

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

Do not use this space.

AUG - 5 1937

25948

1. PLACE OF DEATH

County Registration District No. **791K**
Township Primary Registration District No. **1003**
City **ST LOUIS MO.** (No. **City Hospital**)
St. Ward)

File No. **7122**

Registered No.

2. FULL NAME

RICHARD KEATON
(a) Residence, No. **6939 MARDELL AV.** Ward. **3**
(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) CHILD
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN. 29-1931		
7. AGE - YEARS 6	MONTHS 5	DAYS 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy		
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 CLARENCE KEATON		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.		
15. MAIDEN NAME HELEN KELLY		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.		
17. INFORMANT HELEN KELLY (ADDRESS) 6939 MARDELL AV.		
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM. JULY 27 1937		
19. UNDERTAKER E. J. Schur (ADDRESS) 312 15 Lafayette Ave.		
20. FILED 27 1037 19 J. B. Bredeck Registrar.		

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **JULY 26 1937**

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

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at **7:45 A.M.**

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

Septicemia, due to streptococcus hemolyticus

Other contributory causes of importance: **None**

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

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

23. If death was due to external cause (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 **✓ 4**

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **Chas. J. Perry**
(Address) **Deputy Coroner**

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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. I X3314

