

JAN 24 1938

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

Do not use this space.

116

1. PLACE OF DEATH

96 County Saint Louis Registration District No. 96 112  
Township 0415 005 Primary Registration District No. 62485  
City Jefferson Barracks - Veterans Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 46773  
Registered No. 20

2. FULL NAME

Denzel KEELING 1452

(a) Residence, No. 1201 No. 7th St. Saint St. Louis, Missouri  
(Usual place of abode) Unkn. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 4 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Insurance Investigator  
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) East Prairie, 8  
(STATE OR COUNTRY) Missouri 9

13. NAME Herve Keeling 9

14. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

15. MAIDEN NAME Eva Reeves

16. BIRTHPLACE (CITY OR TOWN) Not known  
(STATE OR COUNTRY) Not known

17. INFORMANT Clinical Clerk M. Schellig  
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Jan. 7 1938

19. UNDERTAKER C. Hoffmeister U. & L. Co.  
(ADDRESS) 7814 S. Broadway

20. FILED 1-4 1938  
THEODORE R. MEYER M. D. D. R. P. H.  
Deputy State Commissioner of Health

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 4 1938

22. I HEREBY CERTIFY, That I attended deceased from December 19 1937 to January 4 1938

I last saw him alive on January 4 1938 Death is said

to have occurred on the date stated above, at 11:10A. m.

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

Pneumonia, bronchial, right lung. Date of onset Unkn.

Other contributory causes of importance:  
Empyema, chronic with broncho-cutaneous fistula, left lower, abscess, left back. Unkn.

Name of operating physician Incision of abscess Date of 12-1-37  
Phy. clinical mani. and laboratory  
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? 1  
If so, specify unkn.

(Signed) C. W. HUGHES, Chief Med. Officer, M. D.  
(Address) VAF Jefferson Barracks, Mo.

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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

116 f  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123  
(b) Township Carondelet Primary Registration District No. 6248 B Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Denzel Keeling  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 4 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1937

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 date stated above, at \_\_\_\_\_ m.

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

Emphysema - non the - cause  
as known  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Emphysema chronic with  
Broncho Cutaneous left lower  
abscess, left back (over)  
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) C. W. Hughes Chief Med  
(Address) Prof Jefferson Bldg  
me

should state very important

REGISTRARS SHALL NOT RECEIVE A FEE FOR CLERICAL SERVICES UNLESS THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

Etiology of empyema not determined but no evidence of tuberculosis was found

*and long time*  
*one*