

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Charles Registration District No. 757  
 Township St. Charles Primary Registration District No. 3036  
 City St. Charles No. St. Joseph's Hospital File No. 3904  
 2. FULL NAME Bernard H. Keever 150 Registered No. 4  
 (a) Residence, No. Florissant St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX MALE 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1862  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 ——— 11 — 17 —  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer  
 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) Unknown  
 FATHER 13. NAME Theodore Keever  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 MOTHER 15. MAIDEN NAME Mary Strooping  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
 17. INFORMANT (ADDRESS) Margaret Keever  
Florissant  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Secret Heart Cemetery FLORISSANT, MO. Jan 17th 1938  
 19. UNDERTAKER (ADDRESS) Ed. P. Hallmeyer & Son's Co.  
St. Charles, Mo.  
 20. FILED 11 1938 Clarence H. Neuber  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1938, to Jan 9 1938  
 last saw him alive on Jan 8 1938 Death is said to have occurred on the date stated above, at 2:30 m.  
 The principal cause of death and related causes of importance were as follows:  
Tetanus Date of onset 1/5/38  
 Other contributory causes of importance: none  
 Name of operation none Date of 1/8/38  
 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? Accid. Date of injury 12-26, 1937  
 Where did injury occur? FLORISSANT, MISSOURI  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury Cut hand  
 Nature of injury Tetanus  
 24. Was disease or injury in any way related to occupation of deceased? yes  
 If so, specify truck farmer - cut hand  
 (Signed) B. D. Neuberger M. D.  
 (Address) St. Charles, Mo.

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.

131 Answer

RECEIVED

FEB 28 1938

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MO: STATE BOARD OF HEALTH