DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37537

Registration District No. 791 Primary Registration District No. Registrar's No. 9376

1. PLACE OF DEATH: 1003

(a) County 2

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3952 Blaine Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 7 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3952 Blaine Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Elizabeth Keener 5/0

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced divorcee

6. (b) Name of husband or wife George Keener

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 2nd 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 2 Days 29 If less than one day hr. min.

9. Birthplace Newport Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation housewife 1

11. Industry or business at home 1

FATHER
12. Name Wilson Martin 1
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarette
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature [illegible]
(b) Address 3952 Blaine Ave.

17. (a) Burial (b) Date thereof Nov. 2nd 39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director [illegible]
(b) Address 6203 Gravois Ave.

19. (a) NOV 1 1939 (b) [illegible]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31
year 1939 hour 5 minute 15 A M.

21. I hereby certify that I attended the deceased from Aug 15, 1939, to Oct. 31, 1939
that I last saw her alive on Oct 30, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 7 days

Due to Arterial hypertension ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 1
(Specify type of place)
While at work? (e) Means of injury

23. Signature E. M. Adkins (M. D. or other)
Address 3012 Lafayette Date signed 11-1-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.