No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26171

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 1416

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Mapelwood 5
(If outside city or town limits, write "RURAL")

(d) Street No. 2549 West Point Drive 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Carrick Hugh Keeny

3. (b) If veteran, name war .....

3. (c) Social Security No. 347-07-3901

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Melva Marie Keeny

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased October (Month) 13 (Day) 1911 (Year)

8. AGE: Years 29 Months 8 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Salesman

11. Industry or business .....

FATHER
12. Name David Keeny
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Minta Ruggels
15. Birthplace ..... (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Marie Melba Keeny
(b) Address 2549 West Point Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem Flat River Mo.

18. (a) Signature of funeral director Louis H Bopp
(b) Address 131 W Argonne Dr Kirkwood Mo.

19. (a) JUL 7 1941 (Date received local registrar) (b) T. R. Meyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4
year 1941 hour 4:40 minute A M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death While driving his own automobile struck a guard rail on a public highway.

Due to Subdural & subarachnoid hem- on right side; multiple frac-

Due to tures, lacerations and contusions & burn of right knee.

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes

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) Accident

(b) Date of occurrence July 4, 1941

(c) Where did injury occur? 1 mi. s. of Fredericktown (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Louis H Bopp Coroner (M.D. or other)

Address Kirkwood, Mo. 7/5/41 Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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 Louis H Bopp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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, fact should be so stated above.