

No. 2  
-1-4-41  
5-17-39  
I X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26206

State File No. \_\_\_\_\_

FILED AUG 8 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1502

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Ballwin, mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Pine Crest Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 8 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo. (b) County St. Louis Co.  
(c) City or town Ballwin, mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18<sup>th</sup> day July  
year 1941 hour 2:30 + minute P. M.  
21. I hereby certify that I attended the deceased from July 11, 1941 to July 18, 1941  
that I last saw him alive on July 18, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic myocarditis  
Anemia  
Chronic nephritis  
Due to 12/15  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings:  
Of operations none  
Of autopsy none

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) none  
(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?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature B. R. Loving (M. D. or other) Phys  
Address Ballwin, Mo. Date signed 7-18-41

3. (a) PRINT FULL NAME John Keane  
3. (b) If veteran, name war none 3. (c) Social Security No. no

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: \_\_\_\_\_ (Month) (Day) (Year)  
8. AGE: Years abt 84 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Pine Crest Nursing Home

(b) Address Ballwin, mo.

17. (a) Burial (b) Date thereof July 14-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Robert Bass  
(b) Address Riverside, Mo.

19. (a) JUL 19 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

006

*This man was not embalmed*

*John M. Meyer  
License # 3588 Kirkwood, Mo*

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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.....

Licensed Embalmer No.....

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, fact should be so stated above.**