

S. No. 2  
OM-2-43  
5-17-39  
-I X3897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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

FILED MAY 14 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4265

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO

(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:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 DAYS  
(Specify whether years, months or days)

In this community 69-4-22

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17

(c) City or town ST. LOUIS 920  
(If outside city or town limits, write "RURAL")

(d) Street No. 2311 ST. LOUIS AVE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME JOHN RICHARD KEENA

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife DOROTHY KEENA

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

7. Birth date of deceased DEC. 14 1910  
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 22  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation ROOMING HOUSE PROPRIETOR

11. Industry or business ✓

12. Name JOHN KEENA

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

14. Maiden name LOUISE JOHN

15. Birthplace LOUISVILLE KENTUCKY  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. DOROTHY KEENA

(b) Address 2311 ST. LOUIS AVE

17. (a) BURIAL (b) Date thereof 5/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BELLEFONTAINE

18. (a) Signature of funeral director Wiedmeyer & Sons

(b) Address 2934 N. 20 ST

19. (a) MAY 7 1943 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 6  
year 1943 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from APRIL 5 1943, to MAY 6 1943;  
that I last saw him alive on MAY 6 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death Status asthmaticus  
Pneumonia bronchitis  
Emphysema

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Hypertensive cardiovascular disease  
(Include pregnancy within 3 months of death)

Major findings: Disease

Of operations \_\_\_\_\_

Of autopsy Confirms above

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury ✓

23. Signature J. Bredeck (M. D. or other) \_\_\_\_\_

Address BARNES HOSPITAL Date signed \_\_\_\_\_

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

MOTHER FATHER

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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.....

*Alfred J. Boedeker*

Licensed Embalmer No. *2663*

P. O. Address. *5934 Alpha*

**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.**