

Registration District No. **1227**  
**DEAD MAY 6 1943**

Primary Registration District No. **6076**

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

96000

1. PLACE OF DEATH:

(a) County... **St. Louis**

(b) City or town... **Rural**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Enroute to Lambert Field, 3**  
(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... **Texas** (b) County... **21**

(c) City or town... **Dallas**  
(If outside city or town limits, write "RURAL")

(d) Street No... **Wmkn**  
(If rural, give location)

(e) Citizen of foreign country? **(Yes or No)**  
**2**  
If yes, name country.

3. (a) PRINT FULL NAME... **Jack Conway Keneipp**

3. (b) If veteran, name war... No

3. (c) Social Security No...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **27**  
year **1943** hour... minute **12:50 P.M.**

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

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... **Nov 14 1921**  
(Month) (Day) (Year)

Immediate cause of death... **Airplane Crash.** Duration

8. AGE: Years Months Days If less than one day

<b>21</b>	<b>5</b>	<b>13</b>	hr. min.
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Due to **Multiple Extreme injuries, Fractured Skull extensive.**

Due to...

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

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

10. Usual occupation... **Unknown**

PHYSICIAN

Major findings:  
Of operations...  
Of autopsy... **No**

**172-8**  
**34**

Underline the cause to which death should be charged statistically.

11. Industry or business...

12. Name... **Keneipp**

13. Birthplace... **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name... **Alice Cheesman**

15. Birthplace... **Unknown**  
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 096**

(b) Date of occurrence... **2-27-43**

(c) Where did injury occur? **Black Walnut Field**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place.**

While at work? (Specify type of place) (e) Means of injury...

23. Signature... **J. O. Supan, M.D.**  
Address... **Lambert Field, St. Louis, Mo.,**  
Date signed... **4-28-43**

16. (a) Informant **USNRAB Records**

(b) Address **Lambert Field, St. Louis, Mo.**

17. (a) **Removal** (b) Date thereof **4-28-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dallas Texas**

18. (a) Signature of funeral director... **Louis H. Bopp Inc.**

(b) Address **Kirkwood, Mo.**

19. (a) **APR 30 1943** (b) **J. M. Gannon, M.D.**  
(Date of filing for burial) (Registrar's signature)

**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.....

*John M. Meyer*

Licensed Embalmer No. *3285*

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.**