

FILED JUL 8 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21774  
Registrar's No. 5641

#112501

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <u>21774</u>		Registrar's No. <u>5641</u>			
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Missouri.</b>			c. LENGTH OF STAY (in this place) <b>4 days</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>20<sup>th</sup> - St. Louis 2229.</b>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital #1.</b>					d. STREET ADDRESS (If rural, give location) <b>2626 Rutger Street</b>						
3. NAME OF DECEASED (Type or Print)			a. (First) <b>EMIL</b>		b. (Middle) _____		c. (Last) <b>McKEEVER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 27th, 1950</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>D 3</b>		8. DATE OF BIRTH <b>10-21-07</b>		9. AGE (In years last birthday) <b>42</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Freight-Checker</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>St. Louis Co. Mo</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Peter McKeever</b>			13b. MOTHER'S MAIDEN NAME <b>Anna Gautherot</b>			14. NAME OF HUSBAND OR WIFE <b>Irene</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>HARRIET HARPOLE</b>			ADDRESS <b>2007 Schaeffer Pl.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic Carcinoma</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of mediastinum</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs.</b> <b>3 yrs.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>164HX</b>							
22. I hereby certify that I attended the deceased from <u>6/22/50</u> , 19 <u>50</u> , to <u>6/27/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>6/27/50</u> , 19 <u>50</u> , and that death occurred at <u>8:15 AM</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <b>Allen P. Klippel</b> (Degree or title) _____					23b. ADDRESS <b>1515 Lafayette Ave.,</b>			23c. DATE SIGNED <b>6/27/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-30-50</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>BYRNESVILLE Missouri</b>					
DATE REC'D BY LOCAL REG. <b>JUN 28 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin Funeral Home 2301 Lafayette</b>						

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James R. Chapman*  
Licensed Embalmer No. *4550*  
P. O. Address *St. Louis, 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.