

FILED OCT 18 1950

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. <b>410</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>ST. LOUIS, MO</b> ) c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STATE SANATARIUM</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b> 2239 d. STREET ADDRESS (If rural, give location) <b>1540 1/2 LAFAYETTE</b>			
3. NAME OF DECEASED a. (First) <b>CHESTER</b> b. (Middle) <b>W.</b> c. (Last) <b>KEEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 30 1950</b>		5. SEX <b>MALE</b> 6. COLOR OR RACE <b>WHITE</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>MAY 6 1892</b>		9. AGE (In years) (Months) (Days) (Hours) (Min.) <b>58</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FOREMAN</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>AMERICAN CAR CO.</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <b>JAMES KEEN</b>		13b. MOTHER'S MAIDEN NAME <b>LAURA LEWIS</b>		14. NAME OF HUSBAND OR WIFE <b>SADIE KEEN</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 ADDRESS <b>SADIE KEEN 1540 1/2 LAFAYETTE</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Infarction. Old</b> ANTECEDENT CAUSES <b>fracture of ribs suffered when he struck a rocking chair and fell at St Louis State Hosp</b> DUE TO (b) <b>struck a rocking chair and fell at St Louis State Hosp</b> DUE TO (c) <b>exact date and time unknown</b>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>old, Accident</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hosp</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis MO MO</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>fall</b>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>10:15</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Patrick E Taylor Coronel 3</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>10-2-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 3 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW ST. MARCUS</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>OCT 2 1950</b>		REGISTRAR'S SIGNATURE <b>J B Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kulis 2906 Gravois</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 Leo J. Budd

Signed.....  
Student Embalmer

Licensed Embalmer No. 3989

P. O. Address St. Louis

**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.