

No. 200  
V. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3384

FILED JAN 17 1951

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Florissant</u>	
c. LENGTH OF STAY (In this place)		4051	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Marie &amp; Clark Sts.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u> <u>St. Marie &amp; Clark Sts.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>Catherine</u>	c. (Last) <u>Keeven Sr.</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>1/</u> <u>1/</u> <u>51</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 29, 1874</u>	9. AGE (In years last birthday) <u>76</u>	10. MONTHS <u>5</u>	11. DAYS <u>2</u>	12. HOURS <u></u>	13. MIN. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Florissant, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Bernard Abrams</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hollander</u>	14. NAME OF HUSBAND OR WIFE <u>George Keeven Sr.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Keeven Sr. Marie &amp; Clark Sts</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		<u>12/20/50 to 1/1/51</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr Bronchitis</u> <u>1946</u> DUE TO (c) <u>Chr Nephrositis</u> <u>1948</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-17-1946, to 1-1-1951, that I last saw the deceased alive on 1-1-1951, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ross Johnson M.D.</u>	23b. ADDRESS <u>Florissant, Mo</u>	23c. DATE SIGNED <u>1/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florissant, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1/3/51</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Tombe M.D.</u>	F <sup>3</sup>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>White Funeral Home 118 N. Florissant Rd</u>
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(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*L. M. White*

Licensed Embalmer No. *3973*

P. O. Address *Ferguson, 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.