

FILED JUL 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23478

1288

State File No. _____

XC 1172 51 16

REG# 108627

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1789

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 128 DAYS	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 1500 S. 14th. St.	
3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) A, c. (Last) KEEN		4. DATE OF DEATH (Month) (Day) (Year) 6-26-53	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7-30-14
9. AGE (In years last birthday) 39		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER	11. BIRTHPLACE (City and State or Foreign Country) BELL CITY, MISSOURI
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY GENERAL MILLS CO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME FRANK KEEN		13b. MOTHER'S MAIDEN NAME LAURA DOYLE	14. NAME OF HUSBAND OR WIFE RUBIE E. KEEN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 454 22 5482	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF BRKS, MO.
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CRONIC GLOMERULONEPHRITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		592X	
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?	
22. I hereby certify that I attended the deceased from 2-18, 1953 , to 6-26, 1953 , and that death occurred at 11:45P m. , from the causes and on the date stated above.			
23a. SIGNATURE Robert Doisy (Degree or title) M.D.		23b. ADDRESS VET. ADM. HOSP., JEFF BRKS, MO.	23c. DATE SIGNED 6-27-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/29/53	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Brks. Mo.
DATE REC'D BY LOCAL REG. 6-27-53	REGISTRAR'S SIGNATURE Herbert R. Donke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av	

52V (Licensed Embalmer's Statement on Reverse Side)

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

4000

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

Signature of Student Embalmer

Signed *Reinhold K. Lohm*

Licensed Embalmer No. *339*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.