

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

**10623**

State File No. ....

No. 300  
10-48

BIRTH NO. **FILED MAR 23 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **542** Registrar's No. **623**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>St. Louis</b>	b. CITY OR TOWN <b>Ferguson</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. LENGTH OF STAY (in this place) <b>9 yrs.</b>		c. CITY OR TOWN <b>Ferguson</b>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>245 Randolph St.</b>		e. STREET ADDRESS (If rural, give location) <b>245 Randolph</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>Benjamin</b>	b. (Middle) <b>V.</b>	c. (Last) <b>McKeever</b>	<b>3-9-54</b>		
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Jan. 7, 1867</b>	<b>9. AGE</b> (In years) <b>87</b>	IF UNDER 1 YEAR: Months _____ Days _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Retired Farming</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Agriculture</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Mendon, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. S.</b>

<b>13a. FATHER'S NAME</b> <b>John McKeever</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rachael M. McIntosh</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Birdie L. McKeever</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. J. A. Shane, Ferguson, Mo.</b>

<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Bronchopneumonia</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Degenerative cardiac vascular renal disease</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of prostate</b>		<b>7 yrs</b>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>442X H</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from Jan 1951, to 9 March 1954, that I last saw the deceased alive on 9 March, 1954, and that death occurred at 7:30 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Wesley R. Jankel</b>	<b>23b. ADDRESS</b> <b>212 N. Parkway Ferguson, Mo.</b>	<b>23c. DATE SIGNED</b> <b>3/11/54</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>3-12-54</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Laurel Hill Garden's</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>3/11/54</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Wesley R. Jankel</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>St. Louis County, Mo.</b>
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>WHITE CHAPEL, FERGUSON, MO.</b>		<b>ADDRESS</b>

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

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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 Eleanora Poiricee

Licensed Embalmer No. 340

P. O. Address Jennin

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.