

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44208

State File No. 5059

|  |  |   |            |  |             |  |           |  |
|--|--|---|------------|--|-------------|--|-----------|--|
| BIRTH NO.  |  | REG. DIST. NO. <u>317</u>   |            | PRIMARY REG. DIST. NO. <u>542</u>  |             | Registrar's No. <u>5059</u>  |           |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  |   |            | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |             |  |           |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Ferguson</u>  |  | c. LENGTH OF STAY (In this place)<br><u>5 yrs</u>   |            | c. CITY OR TOWN <u>Ferguson</u> <u>411</u> <u>90</u>   |             | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>245 Randolph</u>   |  |   |            | e. STREET ADDRESS (If rural, give location)<br><u>245 Randolph</u>   |             |  |           |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br><u>BIRDIE LEE Mc KEEVER</u>  |  |   | a. (First) |  | b. (Middle) |  | c. (Last) |  |
| 4. DATE OF DEATH <u>Dec. 30, 1954</u>  |  | (Month)   |            | (Day)  |             | (Year)   |           |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>   |            | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>  |             | 8. DATE OF BIRTH <u>Apr. 13, 1885</u>  |           |  |
| 9. AGE (In years last birthday) <u>69</u>  |  | # UNDER 1 YEAR  |            | # UNDER 1 YEAR   |             | # UNDER 1 MIN.   |           |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  |            | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Keytesville, Missouri</u>   |             | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |           |  |
| 13a. FATHER'S NAME<br><u>Unknown</u>   |  | 13b. MOTHER'S MAIDEN NAME<br><u>Laura. Attebery</u>   |            | 14. NAME OF HUSBAND OR WIFE<br><u>Benjamin V. Mc Keever</u>  |             |  |           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>  |            | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Bessie L. Shane</u>  |             | ADDRESS<br><u>245 Randolph</u>   |           |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchogenic Carcinoma</u><br>ANTECEDENT CAUSES<br><u>Cerebral metastases</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |            |  |             | INTERVAL BETWEEN ONSET AND DEATH<br><u>1905</u>  |           |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Branchogenic carcinoma</u>   |            |  |             | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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) m.   |  | 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 <u>April</u> , 19 <u>54</u> , to <u>30 Dec</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>30 Dec</u> , 19 <u>54</u> , and that death occurred at <u>7:10</u> p.m., from the causes and on the date stated above. |  |   |            |  |             |  |           |  |
| 23a. SIGNATURE (Degree or title)<br><u>Joseph S. Gray MD</u>   |  |   |            | 23b. ADDRESS<br><u>212 N. 8th Street<br/>Berwyn, Mo</u>  |             | 23c. DATE SIGNED<br><u>12/13/54</u>  |           |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>1-3-55</u>  |            | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Lake Charles</u>  |             | 24d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co., Missouri</u>  |           |  |
| DATE REC'D BY LOCAL REG.<br><u>1/3/54</u>  |  | REGISTRAR'S SIGNATURE<br><u>Walter A. Lamborn</u>   |            | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>WHITE CHAPEL, FERGUSON, MISSOURI</u>  |             |  |           |  |

(Licensed Embalmers' Sealment on Reverse Side)

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

No. 300  
10-48

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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 *Eleanor Pounce*.....

Licensed Embalmer No...3403...

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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