

FILED AUG 4 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23962

State File No.

318

1003

5390

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 1 hr.	c. CITY OR TOWN Affton 80
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pacific Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS (If rural, give location) 8604 Ivy			

3. NAME OF DECEASED (Type or Print)	a. (First) Allen	b. (Middle) T.	c. (Last) Keen	4. DATE OF DEATH (Month) (Day) (Year) June 20 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 7 1893	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Inspector	10b. KIND OF BUSINESS OR INDUSTRY R.R. Mo. Pac.	11. BIRTHPLACE (City and State or Foreign Country) Winnetka Ill.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME --- Keen	13b. MOTHER'S MAIDEN NAME Rose ---	14. NAME OF HUSBAND OR WIFE Lydia Keen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. WW I	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lydia Keen 8604 Ivy
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Exsanguination; MEDICAL CERTIFICATION Compound comminuted fracture of both bones right leg, middle third, suffered when struck by journal box of railroad car while working in Dupo, Illinois, Yards of Missouri Pacific Railroad Company about 7:22 P.M., June 20, 1955. ACCIDENT.		INTERVAL BETWEEN ONSET AND DEATH
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 type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, post office building, etc.) R. R. Yard	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dupo Illinois
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 5:57 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 8/2 E800x
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22. I hereby certify that I attended the deceased from 3 1955, to 19, that I last saw the deceased alive on 19, and that death occurred at 8:55 P.M., from the causes and on the date stated above. 25

23a. SIGNATURE (Degree or title) <i>Patrist Taylor Coroner</i>	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 6-22-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/24/1955	24c. NAME OF CEMETERY OR CREMATORY SS Peter & Paul	24d. LOCATION (City, town, or county) (State) St. Louis Missouri
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DATE REC'D BY LOCAL REG. JUN 22 1955	REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. Ziegenhein & Sons 7027 Gravois
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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.....
Signature of Student Embalmer

Signed *Ronald E. Berry*.....

Licensed Embalmer No. *486*.....

P. O. Address *7027*.....

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.