

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

STATE FILE NUMBER

35732
9172

Registration District No.

318

Primary Registration District No. 1003

Registrar No.

| | | | | | | | |
|--|--|---|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4001a N. 25th Str. | | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 2207 4001a N. 25th. Str. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MIDDLE Last EDWARD T KEEVINS | | | | 4. DATE OF DEATH Month Day Year Oct. 7 1956 | | | |
| 5. SEX Male <input checked="" type="checkbox"/> | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Oct. 30 1897 | | 9. AGE (In years last birthday) 58 | 10. IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk | | | 10b. KIND OF BUSINESS OR INDUSTRY Amer Express | 11. BIRTHPLACE (City and state or country) St. Louis | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME John Keevins | | | | 14. MOTHER'S MAIDEN NAME Evaline Luther | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) No | | 16. SOCIAL SECURITY NO. 713-07-8874 | | 17. INFORMANT Address Mrs. Anna Keevins 4001a N. 25th. Str. | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>art schneider car art dis</i> | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 mo |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | DUE TO (c) | | | | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>334X</i> | | | | | | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <i>9-10-56</i> to <i>10-7-56</i> and last saw <i>her</i> alive on <i>10-5-56</i> Death occurred at <i>12:05 a</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <i>Wayne P. Doherty</i> | | | | 22b. ADDRESS <i>2739 No Grand</i> | | 22c. DATE SIGNED <i>10-8-56</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <i>Oct. 9, 1956</i> | 23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i> | | 23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i> | | | |
| 24. FUNERAL DIRECTOR ADDRESS <i>Henry Leidner Undertaking Co 2223 St. Louis Ave.</i> | | | | 25. DATE RECD. BY LOCAL REG. <i>OCT 8 1956</i> | | 26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> | |

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. James*
Licensed Embalmer No.
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.