Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 10 1958

58-034480
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9454

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St.Louis,Mo. Inside Limits Yes ☐ No ☐

c. CITY OR TOWN St.Louis Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) D.O.A.Homer Phillips Length of stay in 1b 38

d. STREET ADDRESS (If outside, give location) 2740 Clark Ave. Reside on Farm Yes ☐ No ☒ 227

3. NAME OF DECEASED (Type or print) First NATHAN Middle Last MCKEEVER

4. DATE OF DEATH Month Day Year Sept.29,1958

5. SEX Male 2

6. COLOR OR RACE Negro

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Dec.26,1892

9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintainence Man

10b. KIND OF BUSINESS OR INDUSTRY Allewell Realty

11. BIRTHPLACE (City and state or country) Memphis,Tenn. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Essix McKeever

13b. MOTHER'S MAIDEN NAME Anna ?

14. NAME OF HUSBAND OR WIFE Dorothy McKeever

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) W.W.#1

16. SOCIAL SECURITY NO. 494-10-1415

17. INFORMANT Dorothy McKeever Address 2740 Clark Ave.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive Cardio Nephritis
INTERVAL BETWEEN ONSET AND DEATH 1,
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 442x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3/7/58 to 9/29/58 and last saw her/him alive on 9/29/58
Death occurred at D.O.A. 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E.J. Taylor MD

22b. ADDRESS 3136 Chouteau

22c. DATE SIGNED 10/1/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 10-3-58

23c. NAME OF CEMETERY OR CREMATORY National Cemetery

23d. LOCATION (City, town, or county) (State) Jefferson Barracks,Mo.

24. FUNERAL DIRECTOR Charles J Gates ADDRESS 4107 Finney Ave.

25. DATE RECD. BY LOCAL REG. OCT 2 '58

26. REGISTRAR'S SIGNATURE J Earl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 1875

P. O. Address 4107 Fenn

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.