

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

58-038495

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

2634

300  
 1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ballwin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Manchester Nursing</b>		Length of stay in lb <b>1-1/2 yrs - 2/65</b>	d. STREET ADDRESS <b>3918 Hartford Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DANIEL</b> Middle <b>P.</b> Last <b>KEENER</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>10,</b> Year <b>1958</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Sept. 26, 1872</b>	9. AGE (In years last birthday) <b>86</b>	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) <b>retired Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Food</b>	11. BIRTHPLACE (City and state or country) <b>Pennsylvania /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie Smith Keener</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. _____	17. INFORMANT Address <b>The Rev. Theo.S.Smylie, 3958 Juniata Ave</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CHRONIC MYOCARDITIS</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3</b>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.					
DUE TO (b) <b>ARTERIOSCLEROSIS</b> <b>4/221</b>					<b>?</b>
DUE TO (c) <b>SENILITY</b>					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <b>OCT. 1, 1958</b> to <b>OCT. 10, 1958</b> and last saw him alive on <b>OCT 9, 1958</b> Death occurred at <b>2:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>B.R. Foving</b> (Degree or title) <b>M.D.</b>			22b. ADDRESS <b>BALLWIN, MO.</b>		22c. DATE SIGNED <b>10.13.58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	23b. DATE <b>Oct. 15, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LOCAL</b>		23d. LOCATION (City, town, or county) <b>Casstown, near Fletcher,</b> (State) <b>Miami County, Ohio</b>	
24. FUNERAL DIRECTOR <b>BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-13-58</b>	26. REGISTRAR'S SIGNATURE <b>Verbert R. Donke M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Dr. B. Rush Loring  
Ballwin, Mo.

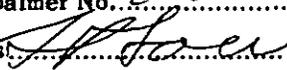
STATEMENT BY LICENSED EMBALMER

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. 4890 .....

P. O. Address:  .....

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.