

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042605

STATE FILE NUMBER

FILED NOV 20 1958

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2767

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>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Ferguson</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hill Top House</b>		Length of stay in lb <b>16 mo.</b>	d. STREET ADDRESS (If outside, give location) <b>5021 Plover Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>John</b> Middle Last <b>Keneaster</b>			4. DATE OF DEATH Month <b>10</b> Day <b>28</b> Year <b>58</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"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 7, 1870</b>	9. AGE (In years last birthday) <b>88</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>Maintenance Worker-Ret.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Electric</b>	11. BIRTHPLACE (City and state or country) <b>Franklin, Ind.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Henry Keneaster</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Martin</b>		14. NAME OF HUSBAND OR WIFE <b>Etta Keneaster</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>496-30-8379</b>		17. INFORMANT Address <b>Mrs. R. E. Scheibe, 1357 N. Berry Rd.</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>Carcinoma of descending Colon</b>					INTERVAL BETWEEN ONSET AND DEATH <b>- 2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<b>1532</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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <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 <b>Feb 1 - 1957</b> to <b>Oct 28 - 1958</b> and last saw her alive on <b>Oct 28 - 1958</b> Death occurred at <b>2:10</b> p on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>John G M Jarney MD</b> (Deceased or title)			22b. ADDRESS <b>5014 Thekla Av</b>		22c. DATE SIGNED <b>10/29/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>10/30/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Zions Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>
24. FUNERAL DIRECTOR <b>Drehmann-Harral</b>		ADDRESS <b>1905 Union</b>		25. DATE RECD. BY LOCAL REG. <b>10-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Douke MD</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Dr. John G. McSwiney  
5014 Thekla

Hrs. 10 - 11 AM Wed.

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 *Warren A. Carver* .....

Licensed Embalmer No. *3538* .....

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.