

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County .....

Township .....

or

Village .....

or

City *St. Louis* (NO. *3515 University* St. *70* Ward)

Registration District No. *701*

File No. *39283*

Primary Registration District No. *1003*

Registered No. *10589*

2 FULL NAME *William Keegan*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

✓ MEDICAL CERTIFICATE OF DEATH

3 SEX

*Male*

4 COLOR OR RACE

*White*

5 SINGLE MARRIED *Married*  
WIDOWED  
OR DIVORCED  
(Write the word)

16 DATE OF DEATH

*November 19* 191*6*  
(Month) (Day) (Year)

6 DATE OF BIRTH

*Oct. 19* 191*6*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

*August 1*, 191*6*, to *November 19*, 191*6*  
that I last saw him alive on *November 14*, 191*6*  
and that death occurred, on the date stated above, at *2 1/2* m.

7 AGE

*62* yrs. *1* mos. *1* ds.  
If LESS than  
1 day, hrs.  
or min.?

The CAUSE OF DEATH\* was as follows:

*Myocardial Regurgitation*  
*92.A*  
*11 56E*  
(Duration) yrs. mos. ds.

8 OCCUPATION

(a) Trade, profession, or particular kind of work *News Dealer*

(b) General nature of industry business, or establishment in which employed (or employer) *Selling daily paper*

CONTRIBUTORY *Acute Arteriosclerosis*  
(Secondary)

(Duration) yrs. mos. ds.

9 BIRTHPLACE

(City or town, State or foreign country) *Ireland*

10 NAME OF FATHER *William Keegan*

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) *Ireland*

12 MAIDEN NAME OF MOTHER *Unknown*

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) *Ireland*

(Signed) *E. Murphy* M. D.  
*Nov 19, 1916* (Address) *4044 Chouteau*

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John Keegan*  
*3515 University St.*  
(Address)

19 PLACE OF BURIAL OR REMOVAL

*Calvary Cem*

DATE OF BURIAL

*Nov 21, 1916*

15

Filed *Nov 20 1916* *Max B. Starkloff*  
Registrar

20 UNDERTAKER

*Cullinan Bros*

ADDRESS

*1710 N Grand*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health  
Association]

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid

use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

## PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County \_\_\_\_\_  
 Township \_\_\_\_\_ or Village \_\_\_\_\_ or City St. Louis  
 Registration District No. 791 File No. \_\_\_\_\_  
 Primary Registration District No. 1003 Registered No. 10589  
 (NO. 3515 University St.: 20 Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number]  
 FULL NAME William Keegan

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widowed  
 (Write the word)

DATE OF BIRTH Oct. 19, 1862  
 (Month) (Day) (Year)

AGE 52 yrs. 1 mos. 1 ds. If LESS than 1 day, hrs. or min.

OCCUPATION (a) Trade, profession, or particular kind of work News Dealer  
 (b) General nature of industry, business, or establishment in which employed (or employer) Selling Sunday papers

BIRTHPLACE (City or town, State or foreign country) Ireland

NAME OF FATHER William Keegan

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ireland

MAIDEN NAME OF MOTHER Unknown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ireland

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Keegan

(ADDRESS) 3515 University St.

Filed 23 1916 Max C. Starkloff

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH November 19, 1916  
 (Month) (Day) (Year)

HEREBY CERTIFY, that I attended deceased from August 11, 1916, to November 19, 1916, that I last saw him alive on November 16, 1916,

and that death occurred, on the date stated above, at 2 a. m.

The CAUSE OF DEATH\* was as follows:

Myocardial Regurgitation

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Acute Arterial Rheumatism  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) E. S. Murphy M. D.  
Nov 19, 1916 (Address) 4004 Chouteau

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Calvary Cem DATE OF BURIAL Nov 21, 1916

UNDERTAKER Cullinane Bros 1710 Grand av ADDRESS \_\_\_\_\_

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use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc.; when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify, as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)