

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

Do not use this space.

3583

**1. PLACE OF DEATH**

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis

(No. 3515 University St)

File No.....

Registered No.....

1247

St. .... Ward)

**2. FULL NAME**

Thomas F. Keegan

(a) Residence No. 3515 University

St. 10

Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. da.

How long in U.S., if of foreign birth? 50 yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Single

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

Feb 17 1891

**7. AGE**

36

11

14

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

News-Dealer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Himself

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

**10. NAME OF FATHER**

William Keegan

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

**12. MARDEN NAME OF MOTHER**

Ann Walsh

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ireland

**14.**

INFORMANT (Address)

John Keegan 3515 University St

**15.**

FILED - 5 19

Max C. Torkelson

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan. 31 1928

**17.**

I HEREBY CERTIFY That I attended deceased from Sept. 2nd 1928, to Jan 31st 1928 that I last saw him alive on Jan 31st 1928, and that death occurred, on the date stated above, at 6 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Interstitial Nephritis  
13 1/2  
131  
1290  
(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Chronic Pericarditis  
Abuse of alcohol (duration) 2 yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 25 1928

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Wm. P. Gille, M. D.  
2/1 1928 (Address) 3702 N. Grand Ave

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Calvary Cemetery

Feb 5 1928

**20. UNDERTAKER**

**ADDRESS**

Cullinan Bros 1710 N Grand St

THIS IS A PERMANENT RECORD

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.

