

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

Do not use this space.

6668

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *1617*
St..... Ward.....

2. FULL NAME

Elizabeth Garland

(a) Residence. No. *2545 Bacon* 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 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widowed*

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Patrick Garland*

6. DATE OF BIRTH *abt 1860*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>abt. 68</i>	<i>-</i>	<i>-</i>	<i>-</i>	<i>-</i>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at Home* *928*
(b) General nature of industry, business, or establishment in which employed (or employer) *951*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *New York*

10. NAME OF FATHER

Andrew O'Keefe

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ireland*

12. MAIDEN NAME OF MOTHER

Bridget O'Keefe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Ireland*

14.

INFORMANT *William Garland*
(Address) *2545 Bacon St*

15.

FILED *Feb 14 1928*
REGISTRAR *Wm C. Tasker*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *2/13 1928*

17. I HEREBY CERTIFY That I attended deceased from *Feb 13 1928* to *Feb 13 1928* that I last saw him alive on *Feb 13 1928* and that death occurred, on the date stated above, at *4:07 a. m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Myocarditis
acute Cardiac
degeneration (duration) yrs. mos. da. *2*

CONTRIBUTORY *Labor Pneumonia*
(SECONDARY) *Detached* (duration) yrs. mos. da. *5*

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH *1010*

DID AN OPERATION PRECEDE DEATH. DATE OF *no*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Tray*

(Signed) *Geo L. Nathan M.D.*

4/13 1928 (Address) *1006 So Jefferson*

*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

Library

2-15 1928

20. UNDERTAKER

ADDRESS

Arthur J. Donnelly

2039 9th St

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1006 G. Jeff

3-5