

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

Do not use this space.

31813

1. PLACE OF DEATH

County..... Registration District No. 197
 Township St Louis Primary Registration District No. 203
 City St Louis (No. 4728, Ladue St) Registered No. 9068
 St. Ward)

2. FULL NAME

Anastasia Kehoe
 (a) Residence. No. St., 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Patrick Duffy

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7-1876
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 10 2 — — —

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Maid
 (b) General nature of industry, business, or establishment in which employed (or employer) Buettner Furniture Co
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Kehoe
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 12. MAIDEN NAME OF MOTHER Johanna Doyle
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs Robert Long
 (Address) 4728 Ladue St

15. FILED 10 1928 St Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9th 1928
 17. I HEREBY CERTIFY, That I attended deceased from 4-1-28 to 9-8-28, 1928, and that I last saw her alive on 9-8-28, 1928, and that death occurred, on the date stated above, at 7:10 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
107A
 (duration) yrs. mos. da.
 CONTRIBUTORY (SECONDARY) 100W
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Arthur J Donnelly, M. D.
9/10, 1928 (Address) 534 W. Carter 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 Calvary Cemetery DATE OF BURIAL 9/11 1928

20. UNDERTAKER Arthur J Donnelly ADDRESS 2039 Wash 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.

Univ. of Toronto
5300 a Carter
1930-12