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

31357 Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1000 Registered No. 8959

City St Louis (No. 2209 Hebert St. ..... St. ..... Ward)

2. FULL NAME Michael O'Keefe

(a) Residence. No. 2209 Hebert St., 20 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 22th 1844

7. AGE 85 YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	11	21	

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer) none

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER Patrick O'Keefe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Helen Kevers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Unknown

14. INFORMANT Sister Jeanne
(Address) 2209 Hebert Str

15. FILED SEP 15 1930 Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 13th 1930

17. I HEREBY CERTIFY, That I attended deceased from July 3, 1930, to Sept. 13, 1930 that I last saw him alive on Sept. 12, 1930, and that death occurred, on the date stated above, at 3 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Colon
4 L C
97
(duration) yrs. 2 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Examination

(Signed) Anthony A. Piekarski, M. D
9/14, 1930 (Address) 1525 a Cass 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 9/15 1930

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.

Dr Piekerski
1525 Cass Ave
8 30 am