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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 19425

Township St Louis Mo Primary Registration District No. 1003 Registered No. 5375

City 3801 Gravois Ave (No. 3801 Gravois Ave St. ..... Ward)

2. FULL NAME Nellie Keefe

(a) Residence. No. 3801 Gravois Ave St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt. 61		Unknown		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Michael Keefe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) X X
(STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Catherine Unknown

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

14. INFORMANT Sister M. Francis Xavier
(Address) 3801 Gravois Ave.

15. FILED ..... 19 Max C. Tarlen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1931, to April 28, 1931 that I last saw her alive on April 28, 1931, and that death occurred, on the date stated above, at 7:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
93C
876
From history (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paralysis Agitans
Probably (duration) 10 yrs. mos. ds.

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? Clinical
(Signed) T. E. McGurk, M. D.
May 6, 1931 (Address) 3951 Gravois

*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	5/7 1931

20. UNDERTAKER	ADDRESS
Arthur J Donnelly Undt Co	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.