WRITE PLAINLY, WITH UNFADING INK—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.

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

Do not use this space.

41796

File No. 10882

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 1501

Township ..... Primary Registration District No. 1003

City St Louis (No. 5745 Theodosia Ave. St. ..... Ward)

2. FULL NAME Daniel M. Kehoe.

(a) Residence, No. 5745 Theodosia St., 6 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: Male.

4. COLOR OR RACE: White.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1867

7. AGE: Years 65 | Months 10 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman 18 yr

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Leather Selling Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

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

FATHER

13. NAME Peter Kehoe.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

MOTHER

15. MAIDEN NAME Mary Egan.

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

17. INFORMANT (ADDRESS) Mrs Mary A Kehoe. 5745 Theodosia Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary. DATE Dec 10, 1932

19. UNDERTAKER (ADDRESS) Meth Hermann & Son 2711 E Florissant

20. FILED DEC -11 1932 Thos C Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1932, to Dec 7, 1932

I last saw him alive on Dec. 7, 1932 Death is said to have occurred on the date stated above, at 9:45 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic interstitial nephritis	
131	
137	138
Other contributory causes of importance:	
Benign hypertrophy of prostate	

Name of operation none Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Henry C. Westermann, M. D.

(Address) 2136 E. Grand Blvd