

MAY 25 1934

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

Do not use this space.

14139

1. PLACE OF DEATH

County St. Louis Registration District No. 789 File No. _____
Township _____ Primary Registration District No. 6033-C Registered No. 116
City Overland (No. 3330) ; Marshall Ave. St. _____ Ward _____

2. FULL NAME Frank W. Keogh

(a) Residence, No. 3330 Marshall Ave. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Olive M. Keogh</u> <u>12/18/76</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11th, 1875</u>		
7. AGE YEARS <u>58</u> <u>58</u>	MONTHS <u>3</u>	DAYS <u>16</u> If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Electrician</u>		11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Union Electric Co.</u>		
10. Date deceased last worked at this occupation (month and year) _____		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME Richard Keogh14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Martha Messenger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT (ADDRESS) Oliver M. Keogh
3330 Marshall Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE April 30th, 3419. UNDERTAKER (ADDRESS) Brehmann & Son
1905 Union Blvd.20. FILED 4-28/34 W. Baehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 193422. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1934 to Apr. 27, 1934I last saw him alive on Apr. 27, 1934. Death is said to have occurred on the date stated above, at 5:30 p.m.

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

Chr. endocarditis (mitral stenosis)
Chr. myocarditis
Chr. interstitial nephritis

Other contributory causes of importance:
Chr. interstitial nephritis

Date of onset 7

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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? noIf so, specify to Dr. G. M. S.
(Signed) Edwin P. Meiner, M. D.
(Address) 66.00 Delmar Blvd.

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.

THIS IS A PERMANENT RECORD

6600 Delmar

1-3