

JUN 12 1935

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

Do not use this space.

18234

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis** (No. **3447**, **Laclede Ave**) St. Ward)

File No.....
Registered No. **4580**
St. Ward)

2. FULL NAME

(a) Residence, No. St. **21** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown 1871**

7. AGE YEARS **64** MONTHS **Unknown** DAYS **Unknown** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at Home**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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

11. Total time (years) spent in this occupation

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

13. NAME **James Keane**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **"** (STATE OR COUNTRY)

17. INFORMANT **Jennie Keane** (ADDRESS) **3447 Laclede Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **5/24 1935**

19. UNDERTAKER **Arthur J. Donnelly** (ADDRESS) **2840 Leffell Blvd**

20. FILED BY **J. Kredeck** (ADDRESS) **Chemical Bldg**

FILED MAY 22 1935 19. **J. Kredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-22-1935**

22. I HEREBY CERTIFY, That I attended deceased from **May 14**, 19**35**, to **May 21**, 19**35**.

I last saw her alive on **May 21**, 19**35**. Death is said to have occurred on the date stated above, at **5 a** m.

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

Myocarditis "chronic" Date of onset
E E E 930

Other contributory causes of importance:

sclerosis of coronary arteries
E E E

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) **W. J. Burke**, M. D.
(Address) **Chemical Bldg**

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.

15
31

