

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.

OCT 23 1935

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**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **St. Paul Hospital**)

File No.
Registered No. **7901** St. Ward)

2. FULL NAME

Marie O'Keefe
(a) Residence, No. **5316a Bancroft** St., **14** Ward. (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 Female	4. COLOR OR RACE white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Timothy O'Keefe			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11, 1870			
7. AGE	YEARS 64	MONTHS 10	DAYS 7
			If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife		
	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) (STATE OR COUNTRY)
Ireland

MOTHER FATHER:

13. NAME **Patrick Premiere**

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

15. MAIDEN NAME **Ellen O'Keefe**

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

17. INFORMANT **Mr. Joe O'Keefe**
(ADDRESS) **5316a Bancroft ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE
Cathary Cemetery DATE **9-21-35**

19. UNDERTAKER **W. J. Schaefer, Mortician**
(ADDRESS) **4228 So. Ferguson ave**

20. FILED **SEP 20 1935** **J. T. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 18, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 5, 1935**, to **Sept 18, 1935**
I last saw her alive on **Sept 18, 1935**. Death is said to have occurred on the date stated above, at **12:00 P.** m.
The principal cause of death and related causes of importance were as follows:
Chronic myocardial changes, Obstruction of coronary arteries, due to unperfected gall stones. Date of onset **1933?**

Other contributory causes of importance:
My peritomy of the root 1920 (1. non toxic edema)

Name of operation **Cholecystomy** Date of **9/17/35**
What test confirmed diagnosis? **X Ray** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **None** Date of injury **None**
Where did injury occur? **None** (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 **None**
(Signed) **Revermer Haver**, M. D.
(Address) **1117 N Grand**

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F. G. France
1117 N Grand