

JAN 23 1936

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

Do not use this space.

791

41433

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. W000088
City St. Louis (No. St. Johns Hospital) Registered No. 10657
St. Ward)

2. FULL NAME

(a) Residence, No. 5343 Partners St. 5 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katherine McKeag
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 79

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

13. NAME James M. Keag

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

15. MAIDEN NAME Nancy Kane

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

17. INFORMANT (ADDRESS) W. J. Doherty
705 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary DATE Dec. 18 35

19. UNDERTAKER (ADDRESS) Chas. J. Stuart
1225 Union Blvd.

20. FILED DEC 17 1935
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 15 1935, to Dec 15 1935. I last saw h. alive on Dec 15 1935. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

See 1
Strangulated inguinal Dec 12 1935
Hernia

Other contributory causes of importance:
acute peritonitis Dec 14 1935
(See to above disease)

Name of operation Hernioplasty Date of Dec 15 35
What test confirmed diagnosis? operative 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) W. P. Glennon, M. D.
(Address) Wm. P. Glennon Club Bldg

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.

WRITE PERMIT, WITH PAYING TAX---THIS IS A PERMANENT RECORD

