

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

Do not use this space.

JAN 23 1936

42045

1. PLACE OF DEATH

County St. Louis

Registration District No. Missouri 1123

File No. _____

Township _____

Primary Registration District No. 6248B

Registered No. 425

City Jefferson Barracks

(No. Veterans, Administration Facility St. _____ Ward)

2. FULL NAME

KEANE, John M.

(a) Residence, No. 5721 Etzel Avenue St. _____ Ward. St. Louis, Missouri

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. Wn 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1891

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>23</u>	<u>44</u>	<u>0</u>	<u>16</u>	

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

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

10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation. All his life

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

13. NAME Maurice Keane

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

15. MAIDEN NAME Ann Flaherty

16. BIRTHPLACE (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

17. INFORMANT A. W. Schulz, M. D. (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Dec. 18 1935

19. UNDERTAKER Cullen & Kelly (ADDRESS) 1416 N. Taylor

20. FILED Dec. 17 1935 G. Mowrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1935 to December 16, 1935

I last saw him alive on December 16, 1935 Death is said

to have occurred on the date stated above, at 12:10 P.

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

chronic Myocarditis with hypertrophy and dilatation, congestive type of cardiac failure.

Date of onset Unkn.

Other contributory causes of importance:

Hypertension, severe; arterio-sclerosis.

Unkn.

Name of operation None Date of _____
History, physical, x-ray and lab. findings
What test confirmed diagnosis? _____ Was there an autopsy? No.
clinical manifestations.

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? _____

If so, specify _____

(Signed) A. W. Schulz, M. D., Acting _____, M. D.

(Address) Chief Med. Officer, Jeff. Brks.,

Missouri

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.

