

MAY 7 1936

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

Do not use this space.

791

17358

1. PLACE OF DEATH

County.....

Registration District No. **1003**

Township.....

Primary Registration District No. **Isolation Hosp**City *Saint Louis, Mo* (No. *Isolation Hosp*)

File No.

Registered No. **4122**

St. Ward)

2. FULL NAME

(a) Residence, No. *1323 1/2 Hampton St.* 4 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Married Margaret O'Keefe*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug. 12 1867*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>68</i>	<i>8</i>	<i>2</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Dracer*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In household help*10. Date deceased last worked at this occupation (month and year) *2 weeks ago*

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*13. NAME *James O'Keefe*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*15. MAIDEN NAME *Mary O'Farlan*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*17. INFORMANT (ADDRESS) *Ms. Barry 600 General*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Calvary Cem* DATE *4 16 1936*19. UNDERTAKER (ADDRESS) *2281 S. 1st St. St. Louis, Mo*20. FILED **APR 15 1936** *J. Bredek* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 14 1936*22. I HEREBY CERTIFY, That I attended deceased from *April 13 1936* to *April 14 1936*Last saw him alive on *April 13 1936*. Death is saidto have occurred on the date stated above, at *4:30* A.M.

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

*Emphysema Left lung**Cellulitis Rt. foot*

Date of onset

*4-10-36*Other contributory causes of importance: *15 lb*Name of operation *none* Date ofWhat test confirmed diagnosis? *clinical* 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?

If so, specify

(Signed) *Henry J. Blouch* M. D.(Address) *5400 Grand St*

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.

