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.

SEP 15 1936

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 File No. 32470

Township ..... Primary Registration District No. 1003 Registered No. 8297

City St. Louis, (No. St. Luke's Hospital St. ..... Ward)

2. FULL NAME Frances Keefe

(a) Residence, No. 4260 Lindell, Blvd., St., 19 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1849

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
87	2	16	

OCCUPATION

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) (STATE OR COUNTRY) Covington Ohio

FATHER

13. NAME Unknown Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

MOTHER

15. MAIDEN NAME Unknowm Armstrong
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT (ADDRESS) Mrs. G. M. Bradley 4260 Lindell, Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Zion Cemetery DATE Aug. 11th 1936

19. UNDERTAKER (ADDRESS) C. R. Lupton & Sons 4449 Olive St.

20. FILED AUG 10 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1936, to Aug 8, 1936
I last saw her alive on Aug 8, 1936 Death is said to have occurred on the date stated above, at 8 45/4 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	8-3-36
186	
Other contributory causes of importance: Fracture left femur	5/31/36
artero-sclerosis	
Myo-carditis.	

Name of operation None Date of
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 5/31/36 Date of injury 5/31, 1936
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall
Nature of injury Fracture left femur.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Edw. Schmidt, M. D.
(Address) 3720 Washington

3720 Washington.