

DEC 3 1936

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

Do not use this space.

42610

## 1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 3500 No. Newstead Ave.)

File No. ....  
Registered No. 11117  
St. .... Ward)

2. FULL NAME Jennie Keane.

(a) Residence, No. 3500 No. Newstead Ave., 10 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 Female 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) Unknown 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 Unknown

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) St. Louis, Mo.

13. NAME John Keane.

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Joseph Tegethoff.  
(ADDRESS) 3500 No. Newstead Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Nov. 9, 1936,

19. UNDERTAKER Arthur J. Donnelly Undt. Co.  
(ADDRESS) 3840 Lindell Blvd.

20. FILED NOV 8 1936 J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1936 to Nov. 7, 1936

I last saw her alive on Nov. 5, 1936 Death is said

to have occurred on the date stated above, at 3 A.M.

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

Cerebral hemorrhage Date of onset 11-5-36

Other contributory causes of importance:

Arterio-sclerosis with hypertension 11-5-36

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical Was there an autopsy? no

28. 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) O. E. L. Lippert, M. D.

(Address) 4218 N. Grand Blvd.

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.

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