

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Franklin  
City St. Louis (No. St. Marie Hospital)

Registration District No. 389 No. 44750  
Special Registration District No. 1007 Registered No. 389  
St. St. Marie Hospital Ward

2. FULL NAME

(a) Residence, No. 2609 E 9th St., St. Louis 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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Maudie Van Arman (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1872

7. AGE YEARS 64 MONTHS 9 DAYS 14 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pro Pac.  
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) boonville

13. NAME Wm Keane

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) My Keane  
2609 E 9th

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hill Cemetery DATE Dec 11, 1936

19. UNDERTAKER (ADDRESS) H. C. Crowe

20. FILED 12-10-1936 M. M. Crowe, Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1936, to 12-9, 1936. I last saw him alive on 12-8, 1936. Death is said to have occurred on the date stated above, at 9:15 AM

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

Coronary thrombosis  
myocardial degeneration

Other contributory causes of importance: None

Name of operation none Date of .....  
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) J. E. Castle, M. D.  
1002 Agave Bldg  
St. Louis

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 PLAINLY, WITH UNFADING INK - THIS IS A PERMANENT RECORD

5-1 X704

