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.

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

Do not use this space.

FEB 8 1937

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3846

Township ..... Primary Registration District No. 1003 Registered No. 884

City St. Louis (No. 5244 Northland St. ..... Ward)

2. FULL NAME Anna Maher Keenoy

(a) Residence, No. 5244 Northland Ward. 6 (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 Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 18, 1881

7. AGE YEARS 55 MONTHS 4 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

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) Illinois 2

FATHER

13. NAME Michael Maher

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

MOTHER

15. MAIDEN NAME Helen St. Ledger

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

17. INFORMANT (ADDRESS) Justin Keenoy 5244 Northland

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Jan. 21 1937

19. UNDERTAKER (ADDRESS) Chas. L. Stuart 1225 Union Blvd.

20. FILED JAN 20 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18 1937

22. I HEREBY CERTIFY That I attended deceased from Jan 18, 1937, to Jan 18, 1937

I last saw her alive on Jan 18, 1937. Death is said to have occurred on the date stated above, at 10 A. m.

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

Acute Lobar Pneumonia

Date of onset

Other contributory causes of importance: 108

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W. H. White M. D.

(Address) 2803 N. Kingshighway