MAR 5 - 1937

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. 8248

Township ..... Primary Registration District No. 1003 Registered No. 1697

City St. Louis (No. 5319 Walsh St. ..... Ward)

2. FULL NAME Margaret Keating

(a) Residence, No. 5319 Walsh St., 14 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dennis Keating

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March, 17 - 1865

7. AGE: 71 YEARS, 10 MONTHS, 19 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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.: 25
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): Ireland 15

FATHER

13. NAME: Unknown 15
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland 15

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Margaret Keating, 5319 Walsh St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Feb. 9 - 1937

19. UNDERTAKER (ADDRESS): Wacker-Helderle, 2331 S. Broadway

20. FILED: FEB 8 - 1937 19 J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 6th. 1937

22. I HEREBY CERTIFY, That I attended deceased from 8 - 15, 1936, to Feb 6, 1937

I last saw her alive on Feb 6th, 1937. Death is said to have occurred on the date stated above, at 11.30 m A. M.

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

	Date of onset
Myocarditis Chronic	1 year
Other contributory causes of importance:	
Nephritis Chronic	2 yrs.

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

What test confirmed diagnosis? Clin & Lab. 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? no

If so, specify .....

(Signed) Edward N. Hamtell, M. D.

(Address) 1504 So Grand

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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