APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis Ferguson Town
Township ST. FERDINAND
City Florissant, Mo. (No. Florissant, Mo. St. Ward)
Registration District No. 333
Primary Registration District No. 4468
File No. 13294
Registered No. 21

2. FULL NAME Edward Keady.
(a) Residence, No. Rout 2, Florissant, Mo. St. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bridget Keady.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 29, 1848.
7. AGE: YEARS 88, MONTHS 4, DAYS 4. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired ruel mail carrier
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) Ireland

FATHER
13. NAME John Keady
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Bridget Loftas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Mrs. Bridget Keady Florrissant, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE ST. FERDINAND DATE Feb. 5/37.
19. UNDERTAKER (ADDRESS) Jos. W. Clark 1125 Hodiamont Ave.
20. FILED 2-5 1937 W. A. Zeitler Registrar. C. Smith

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 2/37. 19

22. I HEREBY CERTIFY, That I attended deceased from 1-25 — 1937, to 2-2 — 1937
I last saw him alive on 2-2 — 1937 Death is said to have occurred on the date stated above, at 10.40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	1-25-37
Other contributory causes of importance:	
Bronchial pneumonia	1-30-37
Chr. nephritis	1930
Chr. myocarditis	1925
Arteriosclerosis	1920

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Roy Johnson M. D.
(Address) Ferguson Mo.

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.

Dr. Roy Johnson
Ferguson, Mo.
Atwater 430.