

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32831

Do not use this space.

1. PLACE OF DEATH OCT 14 1937

(a) County

(b) Township

(c) City

St. Louis

(d) Street No.

4758 Maffitt Ave.

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.

Primary Registration District No.

Registered No. 8885

2. PRINT FULL NAME

Thomas J. Keegan,

4758 Maffitt Ave.

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

6

(If nonresident, give city or town and State)

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

Nellie Keegan

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

Aug. 2, 1879

7. AGE

YEARS

58

MONTHS

1

DAYS

19

IF LESS than 1

day, ...hrs.

or min.

OCCUPATION

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

Boiler Maker

9. Industry or business in which work
was done, as saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

St. Louis

Mo.

FATHER

13. NAME

Thomas Keegan

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

Ireland

MOTHER

15. MAIDEN NAME

Charlotte Burley

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

Ireland

17. INFORMANT
(ADDRESS)Mrs. Nellie Keegan
4758 Maffitt Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

National Cem.

DATE

Sept. 25, 1937

19. FUNERAL DIRECTOR
(ADDRESS)

Cullinane Bros.

1710 N. Grand Blvd.

20. FILED

SEP 23 1937

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from

Jan. 1935 to Sep. 21, 1937

I last saw him alive on 9-21-37 5:10 P.M. Death is said

to have occurred on the date stated above, at m.

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

Chronic Myocarditis

Date of onset
1935

Other contributory causes of importance:

Chronic hepatitis
Pneumonia

Name of operation

Date of

What test confirmed diagnosis Chronic 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)

Cawwhite
919 N. Taylor St. Louis

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Fred Trick, Licensed Embalmer No. 3186

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Fred Trick

Licensed Embalmer No. 3186

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)