

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

33133  
Do not use this space.

## 1. PLACE OF DEATH.

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **100B**  
 (c) City **St. Louis** (d) Street No. **De Paul Hospital** Registered No. **9187**  
 (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.

## 2. PRINT FULL NAME

(a) Residence, No. **6526 Smiley** St. **3**  
 (Usual place of abode, if no street address, write county or city) (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) **Single**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 30, 1937**  
 7. AGE YEARS MONTHS DAYS **39** If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **infant -**  
 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 occupation .....  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis - Mo.**  
 FATHER 13. NAME **Paul E. Keary**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**  
 MOTHER 15. MAIDEN NAME **Hillian Barnes -**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**  
 17. INFORMANT (ADDRESS) **Mrs. Paul E. Keary**  
**6526 Smiley -**  
 18. BURIAL, CREATION, OR REMOVAL PLACE **Old SS Peter & Paul Cem.** DATE **Sept 30, 37**  
 19. FUNERAL DIRECTOR (ADDRESS) **Croshaw and Co. Inc.**  
**7146 Manchester Ave.**  
 20. FILED **SEP 30 1937** **J. Bredeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 29, 1937**22. I HEREBY CERTIFY, That I attended deceased from **Sept. 5, 1937, to Sept. 28, 1937**

I last saw him alive on **Sept. 28, 1937**. Death is said to have occurred on the date stated above, at **9:20 p.m.**  
 The principal cause of death and related causes of importance were as follows:  
**Acute Enteritis**  
**Glophosin**

Other contributory causes of importance: **119B**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) **J. Wister Whit** M. D.  
 (Address) **4500 Chial**

STATEMENT BY LICENSED EMBALMER

I, M. J. Croghan, Licensed Embalmer No. 2622  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. J. Croghan  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

M. J. Croghan  
Licensed Embalmer No. 2622

**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.)**