

NOV 23 1937

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

38720
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Ferguson Town Registration District No. 333
 (b) Township St. Ferdinand Primary Registration District No. 4468
 (c) City Florissant, Mo. (d) Street No. Florissant, Mo. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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

Bro. James Keenan S.J.
 (a) Residence, No. Florissant, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) May 20, 1864
 7. AGE YEARS 73 MONTHS 5 DAYS 20 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Religious
 9. Industry or business in which work was done, as saw mill, bank, etc. Jesuit Order
 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) Holly Cross Iowa

FATHER 13. NAME James Keenan

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

MOTHER 15. MAIDEN NAME Mary MacCauliss

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

17. INFORMANT (ADDRESS) Rev. Doyle Florissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Florissant, Mo. DATE Oct. 30/37

19. FUNERAL DIRECTOR (ADDRESS) Jos. W. Clark II25 Hodiament Ave.

20. FILED 10-29 1937 W.A. Zeiter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29/37 1937
 22. I HEREBY CERTIFY That I attended deceased from 10:30 to 11:00 on Oct 29 1937
 I last saw him alive on Oct 27 1937 Death is said to have occurred on the date stated above, at 8:35 A.M.
 The principal cause of death and related causes of importance were as follows:

Grenouye of Stomach
of Stomach
 Other contributory causes of importance:
arterial failure
arteriosclerosis
 Name of operation Date of operation
 What test confirmed diagnosis? 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, 1937
 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 death or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) W.A. Zeiter, M. D.
 (Address) Florissant, Mo.

Carl Smith (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.

Dr. W. T. Coughlin
U. Club Bldg.,
3.30-5 P.M.
Jer. 4536.

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. 1661.

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

L. E.

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

Signed _____

Licensed Embalmer No. 1661.

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.)