FEB 16 1938

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

Do not use this space. 4082

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 96
(b) Township — Primary Registration District No. — Registered No. 197
(c) City RICHMOND HEIGHTS (d) Street No. ST. MARY'S HOSPITAL 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 ROBERT M. O'KEEFE 2.10
(a) Residence, No. KENRICK SEMINARY St.
(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) FEB. 23, 1912

7. AGE: Years 25 | Months 11 | Days 6 | 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. STUDENT
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) PITTSBURG PA.

FATHER
13. NAME MATTHEW O'KEEFE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS

MOTHER
15. MAIDEN NAME KATHERINE FRYE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

17. INFORMANT MARY RUTH O'KEEFE
(ADDRESS) PEORIA ILLINOIS

18. BURIAL, CREMATION, OR REMOVAL
PLACE PEORIA ILLS. DATE 1-30-38, 19

19. FUNERAL DIRECTOR ARTHUR J. DONNELLY
(ADDRESS) 3840 LINDELL BLVD.

20. FILED 1-31, 1938 T. R. Meyer M.D. Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/29/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to Jan 29, 1938
I last saw him alive on Jan 29, 1938. Death is said to have occurred on the date stated above, at 8.15 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Primary Peritonitis | |
| Lym Lymphosarcoma | |
| Appendicitis, acute | |

Other contributory causes of importance:

| | |
|---|---|
| Abscess Pelvic | |

Name of operation Drainage Date of 1/19/38
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, 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) [illegible], M. D.
(Address) Kenrick Apt Bldg St Louis

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Clancy
University Club Bldg
Jff 9962 1-3

## STATEMENT BY LICENSED EMBALMER

I, W.H.Van Matre, Licensed Embalmer No. 2825

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 W H Van Matre

Licensed Embalmer No. 2825

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