

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.

AUG 9 1938

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

Do not use this space.

25686

1. PLACE OF DEATH

County Jefferson
Township Meramec
City (No. _____) _____

Registration District No. 475
Primary Registration District No. 558

File No. 11
Registered No. 79
St. _____ Ward _____

2. FULL NAME

John P. Keane
(a) Residence, No. 3500 St. Anns Road, St. _____ Ward _____
(Usual place of abode) St. Joseph's Hill Infirmary, Eureka, Mo. (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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 10 - 1855
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 82 0 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painter
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.

13. NAME Patrick-V. Keane

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

15. MAIDEN NAME Margaret Finns

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

17. INFORMANT St. Joseph's Hill Infirmary
(ADDRESS) Eureka, Mo. By Arthur Brudenture

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Aug 9 - 1938

19. UNDERTAKER Edna H. Howard & Son
(ADDRESS) 4912 St. Louis Ave

20. FILED 7/31 J. A. Sorenson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31/1938

22. HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 28, 1938.
I last saw him alive on July 28, 1938. Death is said

to have occurred on the date stated above, at 8:45 p.m.

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

Pneumo-pneumonia
1092
Other contributory causes of importance: _____

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) Jesse B. Sargent, M. D.
(Address) Eureka, Mo.

