

REC'D JAN 11 1939

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

791

1008

40747

Do not use this space.

10439

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City ST. LOUIS (d) Street No. 2245A. SOUTH GRAND BLVD. 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

210 MARY A. O'KEEFE
(a) Residence, No. 2245 - So. Grand St. 17
(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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JOHN O'KEEFE		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 16 - 1870</u>		
7. AGE 68	YEARS 9	MONTHS 15
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS MO.
10. Date deceased last worked at this occupation (month and year)		13. NAME GUSTAVE LOWE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWEEDEN		15. MAIDEN NAME BRIDGET FLANIGAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND		17. INFORMANT MRS. ALICE HAFNER (ADDRESS) 2241 SO. GRAND BLVD.
18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMT. DATE 12-5-38 , 19...		
19. FUNERAL DIRECTOR (NAME) ARTHUR J. DONNELLY (ADDRESS) 3840 LINDELL BLVD.		
20. FILED J.P. Brudack Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1938, to 12-1-38, 1938
I last saw her alive on Nov 29, 1938. Death is said to have occurred on the date stated above, at 1:30 PM.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Metabolic Regurgitation
Acute Cardiac Dilatation 1 day

Other contributory causes of importance:

Name of operation ~~.....~~ Date of ~~.....~~
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? no
If so, specify John McH Deane, M. D.
(Signed) J.P. Brudack
(Address) 816 Metropolitan Bldg

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by

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

Signed

Stanley Marchlewski

Licensed Embalmer No.

2868

P. O. Address

3840 Hindell K

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.)

If this body is not embalmed, above space should be left blank.