FEB 26 1939 REC'D MAR 9 1939

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

7766
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis 2 Registration District No. 784
(b) Township 1 Primary Registration District No. 106 Registered No. 351
(c) or City Kirkwood, Mo. (d) Street No. 1119 So. Geyer Rd. 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 500 Ed. Keane.
(a) Residence, No. 1119 So. Geyer Road. 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): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gertrude Heister Keane
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 20, 1856.
7. AGE: YEARS 82 MONTHS 7 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Retired Freight
9. Industry or business in which work was done, as saw mill, bank, etc.: Agent.
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): Wales. 4

FATHER
13. NAME: Jerry Keane. 4
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales. 4

MOTHER
15. MAIDEN NAME: Elizabeth. Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales.

17. INFORMANT (ADDRESS): Mrs. R. M. Crutsinger. 516 Cornelia Ave. Webster Groves, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE S. S. Peter & Paul DATE Feb. 28-39 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Arthur J. Donnelly. 3840 Lindell Blvd.
20. FILED FEB 26 1939 R. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 25, 1939. 19

22. I HEREBY CERTIFY, That I attended deceased from Sept. 37, to Feby 25, 1939
I last saw him alive on Feby 15, 1939. Death is said to have occurred on the date stated above, at 9:00 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilatation	2/25/39
Cerebral Embolism	
131	

Other contributory causes of importance:
Cardiovascular
Renal Disease

Name of operation: Clinical 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) [signature] M. D.
(Address) Webster Groves Mo

(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.

6718 Big Bend Road
130-3 W

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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

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