DEC'D MAY 10 1939

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

12962
Do not use this space.

791

1003

3304

1. PLACE OF DEATH

(a) County ..... Registration District No. 2

(b) Township ..... Primary Registration District No. 1003 Registered No. 3304

(c) City St Louis (d) Street No. 5088 Page 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 100 Margaret L. Keefe

(a) Residence, No. 5088 Page Blvd St. 12
(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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Michael H Keefe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1860

7. AGE: YEARS 78 | MONTHS 9 | DAYS 19 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. .....
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) Minn.

FATHER
13. NAME John Farrell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Mary McGittigan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Wm R. Keefe 5088 Page Bl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Owatonna Minn. DATE April 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. F. Stuart 1225 Union Bl

20. FILED APR 8 1939 19 J F Budrick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1939, to April 7, 1939

I last saw her alive on April 6, 1939 Death is said to have occurred on the date stated above, at 3 3/4 a.m.

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

	Date of onset
Acute Myocarditis	April 6.

Other contributory causes of importance:
Hypertension
Arteriosclerosis
Chronic Nephritis

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 .....

(Signed) J. Macleod, M. D.

(Address) 1306 Academy

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X14028

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, BERNARD A.J. STUART or by .....

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

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union, Ba

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.