

REC'D JUN 12 1939

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

16465
Do not use this space.

791
1003

3999

1. PLACE OF DEATH

(a) County.....² Registration District No.....
(b) Township.....¹ Primary Registration District No.....
(c) City St. Louis (d) Street No. 5253 Highland 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 Julia L. O'Keefe
(a) Residence, No. 5253 Highland St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>late David L. O'Keefe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-7-1865</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>3</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc..... <u>none</u>	
	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)..... <u>St. Louis, Mo</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>Hugh Cullen</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Ireland</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>Elizabeth Ridney</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Ireland</u> (STATE OR COUNTRY)	
17. INFORMANT <u>A. Emmett O'Keefe</u> (ADDRESS) <u>5253 Highland</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>5-1-39</u>		
19. FUNERAL DIRECTOR (NAME) <u>Southern Ind. Co.</u> (ADDRESS) <u>6322 S. Grand</u>		
20. FILED <u>5/1/39</u> <u>J.P. Brudick</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-29-1939

22. I HEREBY CERTIFY, That I attended deceased from April 8 1939 to Apr 29 1939
I last saw her alive on Apr 29, 1939. Death is said to have occurred on the date stated above, at 9:10 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset
hypertension
mesoarteriosclerotic atherosclerosis

Other contributory causes of importance:
hypertension
mesoarteriosclerotic atherosclerosis

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) Wm. White, M. D.
(Address) 2853 N. Kingshighway

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.

I X18605

Dr. W. H. White
2801 N. Kingsbury

3999

3999

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..... *Frank Ludwig*
Licensed Embalmer No..... *2504*
P. O. Address..... *6222 So Strand*

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.