

REC'D JUL 12 1939

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

20315
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township 1 Primary Registration District No. 1008 Registered No. 5159
 (c) City ST LOUIS (d) Street No. St. Paul Hospital St. 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

(a) Residence, No. 624 MARY BARSALOUX St. 1937 HODIAMONT 6
 (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 (write the word) WIDOWED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ROBERT
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 30, 1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 8 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WORK
 9. Industry or business in which work was done, as saw mill, bank, etc. HOME
 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) MO.

FATHER 13. NAME MICHAEL KEEFE

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

MOTHER 15. MAIDEN NAME MARY McNAMARA

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

17. INFORMANT (ADDRESS) GEO. BARSALOUX
1937 HODIAMONT

18. BURIAL, CREMATION, OR REMOVAL *PLACE CALVARY DATE JUNE 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullen & Kelly
1416 N. Taylor

20. FILED 3 1939 J. F. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1 1939, to June 6 1939
 I last saw her alive on June 6 1939. Death is said to have occurred on the date stated above, at 10:50 p. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 4/39.
 Other contributory causes of importance: chronic Nephritis and Chronic Liver Involvement, cause unknown 131

Name of operation None 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? No Date of injury X, 1939
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X
 Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify Rose Mirvick Rose, M. D.
 (Signed) Rose Mirvick Rose
 (Address) 5411 Eastern Ave.

JUN 8 1939

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.

I X14023

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 James A. Lammer

Registered Apprentice No. 188, working under my personal supervision.

Signed John Fitzgerald

Licensed Embalmer No. 131

P. O. Address 1416 N Taylor Ave

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.