

WHILE I REMAIN IN CHARGE OF THIS DEATH RECORD I WILL BE RESPONSIBLE FOR THE ACCURACY OF THE INFORMATION 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2254

Registration District No. 284 Primary Registration District No. 104

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town FERGUSON
(c) Name of hospital or institution: _____
(d) Length of stay: In hospital or institution _____
In this community _____ years, months or days 30 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS
(c) City or town FERGUSON
(d) Street No. 414 FLORISSANT RD.
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME BEN F. O'KEEFE 210
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-07-3210

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 20 year 39 hour 10 minute 30 A.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife KATHRYN O'KEEFE 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased NOVEMBER 25 - 1881

21. I hereby certify that I attended the deceased from June 1 - 1939 to Dec 20 - 1939; that I last saw him alive on 12-20 - 1939 and that death occurred on the date and hour stated above.
Immediate cause of death Coronary artery of stomach Duration 8 months

8. AGE: Years 58 Months - Days 25 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace ST. LOUIS MISSOURI
10. Usual occupation SHEET METAL WORKER

Other conditions _____
Major findings: 2
Of operations _____
Of autopsy none

11. Industry or business _____
12. Name BEN O'KEEFE
13. Birthplace IRELAND
14. Maiden name ELLAN CALLAHAN
15. Birthplace IRELAND

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Mrs Ben O'Keefe
(b) Address 414 S Florissant Rd
17. (a) BURIAL (b) Date thereof 12-25-39
(c) Place: burial or cremation ST. PETERS, KIRKWOOD, MO
18. (a) Signature of funeral director Parthen Ind Co
(b) Address Webster
19. (a) DEC 21 1939 (b) Dr. Meyer

23. Signature Floy Johnson (M. D. or other) _____
Address Ferguson Date signed 12-20-39

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

E. C. Aldrich

Licensed Embalmer No. *1382*

P. O. Address

Webster Graves

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.