

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **5165**

JUL 17 79

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 17 days
City Sanitarium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community 57 yrs. 2 mo. 11 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis, Missouri **6**
(If outside city or town limits, write "RURAL")
 (d) Street No. 4923 Lotus
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12th.
 year 1940 hour 3:00 minute a.m. M.
 21. I hereby certify that I attended the deceased from 5-24, 1940, to June 12, 1940
 that I last saw him alive on June 12 th. 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Arteriosclerosis with
Obstruction 5-24-40
 Due to Chronic Myocarditis 5-24-40x
General Arteriosclerosis 5-24-40
 Due to Bronchial Asthma 5-24-40x
obstruction caused by
arterio sclerosis
 Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy No
93
 Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Michael Joseph O'Keefe 210

8. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 22 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 2 20 hr. min.

9. Birthplace St. Louis, Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Attendant **5**

11. Industry or business City Sanitarium

12. Name John O'Keefe **0**

13. Birthplace Unknown Ireland **0**
(City, town, or county) (State or foreign country)

14. Maiden name Mary Walsh

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant J. J. Walsh

(b) Address 4923 Lotus

17. (a) Burial (b) Date thereof 6/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director J. J. Walsh

(b) Address 2849 No. Euclid

19. (a) JUN 12 1940 (b) J. J. Walsh
(Date of death) (Registrar's signature)

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? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
8/14
(Specify type of place)
 While at work? _____ (e) Means of injury !
 23. Signature J. J. Walsh M.D. (M. D. or other) _____
 Address 5400 General Date signed 6-12-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

At Stake

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 *Robert Mayfield*

Licensed Embalmer No. *3074*

P. O. Address

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.