

FILED AUG 5 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1357

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Emay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. Olive and Zeiss Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME JOHN F. KEATING 352

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

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

6. (b) Name of husband or wife Marie Keating 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 12, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 1 7 hr. _____ min.

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

10. Usual occupation Cemetery Sexton

11. Industry or business Mt. Olive Cemetery

12. Name George Keating

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

14. Maiden name Catherine Dwyer

15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Keating

(b) Address Mt. Olive and Zeiss Rd.

17. (a) Burial (b) Date thereof 7-22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

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

(b) Address 6322 S. Grand Blvd.

19. (a) JUL 20 1940 (b) C. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town LEMAY
(If outside city or town limits write "RURAL")
(d) Street No. Mt. Olive and Zeiss Road
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19th
year 1940 hour _____ minute 9:30a M.

21. I hereby certify that I attended the deceased from June
_____, 1939, July 19, 1940
that I last saw him alive on July 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 yr.

Due to Chronic Interstitial Nephritis 1 yr.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 131 Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. W. Peters (M. D. or other) M. D.

Address 4145a S. Grand Blvd Date signed 7/20/40

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

MOTHER FATHER

Dr Peters
704 Lemay

11-12

4145^a S. Grand
2-4

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 S. Grand*

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.