

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 1838

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 days
(Specify whether life)
In this community life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6358 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME KATHERINE ANNA KEOUGH

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Michael Lawrence Keough 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 26 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>2</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name Patrick Joseph Leahy
13. Birthplace Cork Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Kelly
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Wm A G Father
(b) Address R.R. 1, Box 475, Clayton Mo.

17. (a) burial (b) Date thereof: 9/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons, Inc.
(b) Address 6175 Delmar Blvd.

19. (a) SEP 28 1940 (b) T. R. Meyer, M.D., Sr.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 9/1 1940 to Sept 28 1940
that I last saw her alive on Sept 27 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure (Coronary) 1 Day
Duration

Due to _____

Due to _____

Other conditions Heart Failure
(Include pregnancy within 3 months of death)

Major findings: Co. of Rectum
Of operation _____

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? 700

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature T. R. Meyer, M.D., Sr. (M. D. or other) M.D.
Address 1424 and 1/2 Parkway Date signed 9/28/40

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

MOTHER FATHER

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 *J. Wm Binkley*
Licensed Embalmer No. *3653*
P. O. Address *St. Louis Mo*

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, fact should be so stated above.