-No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26146

State File No.

FILED AUG 8 1941

Registration District No. 184

Primary Registration District No. 107

Registrar's No. 1448

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town # 19 CLERMONT LANE Ladue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS 96

(c) City or town LADUE VILLIAGE 12
(If outside city or town limits, write "RURAL")

(d) Street No. # 19 CLERMONT LANE 1
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME KATHERINE KEESHAN SCHEU

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 1 MARRIED

6. (b) Name of husband or wife ALBERT SCHEU

6. (c) Age of husband or wife if alive years

7. Birth date of deceased OCT. (Month) 5 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	9	4	hr. min.

9. Birthplace ST. LOUIS (City, town, or county) 1 MO. (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name JOHN KEESHAN
13. Birthplace (City, town, or county) 4 IRELAND (State or foreign country)

MOTHER
14. Maiden name KATHERINE O'GRADY
15. Birthplace (City, town, or county) 5 IRELAND (State or foreign country)

16. (a) Informant ALBERT SCHEU
(b) Address # 19 CLERMONT LANE (LADUE)

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 LINDELL BLVD.

19. (a) JUL 10 1941 (Date received local registrar) (b) T R Meyer M D Supt 707 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 9
year 1941 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from July 2 1941, to July 9 1941;
that I last saw her alive on July 8 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death hypertensive heart disease

Due to

Due to 93d

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration several years

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

23. Signature Drew Luten (M. D. or other) 0
Address St Louis Mo Date signed 7.9.41

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leton
3720 Mark

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.