No. 2
4-13-40
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PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29958

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 7297

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOHN'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 WEEKS (Specify whether years, months or days)

In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 001

(c) City or town ST. LOUIS. 26 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1938 A WARREN STR 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years. 0

3. (a) PRINT FULL NAME VERONICA RUTH MCKEAGE

3. (b) If veteran, name war NONE

3. (c) Social Security No. 497-07-2500

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased OCT (Month) 24TH (Day) 1919 (Year)

8. AGE: Years 24 Months 10 Days 13 If less than one day — hr. — min.

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

10. Usual occupation SHOE WORKER

11. Industry or business MILLIUS SHOE CO

MOTHER FATHER

12. Name THOMAS C. MCKEAGE

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

14. Maiden name VERONICA E. MORAN

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

16. (a) Informant Thomas C. McKeage

(b) Address 1938 A Warren St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEP. 10=1941 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Und Co

(b) Address 1827 HOGAN STR.

19. (a) SEP 9 1941 (Date received local registrar) (b) J. T. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 7TH year 1941. hour 9.45 minute P. M.

21. I hereby certify that I attended the deceased from May 1941, to Death 1941, that I last saw her alive on 9/7 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bowel obstruction	7 days
Due to Carcinomatosis	1 yr
Due to Carcinoma ovary	?
Other conditions above (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy above

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 Elizabeth Hayes (M. D. or other)

Address 205 Humboldt Bldg Date signed 9/8/41

(Licensed Embalmer's Statement on Reverse Side)

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 Dunkley

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.