

No. 2
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1-17-39
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DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **33267**
Registrar's No. **8222**

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **En Route to City Hospital #1**
(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 _____
years, months or days

3. (a) PRINT FULL NAME **James O'Keefe**

3. (b) If veteran, name war **Unknown**

3. (c) Social Security No. **489-12-5196**

4. Sex **Male** 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 **February 20 1896**
(Month) (Day) (Year)

8. AGE: Years **45** Months **4** Days **7** 23
If less than one day hr. min.

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

10. Usual occupation **Interior Decorator**

11. Industry or business **Self**

MOTHER FATHER { 12. Name **James O'Keefe**

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

14. Maiden name **Aselade Ficht**

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

16. (a) Informant **Edna Melolung**

(b) Address **Pontiac Michigan**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **Oct 16 1941**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cemetery**

18. (a) Signature of funeral director **Peetz Brothers**

(b) Address **3029 Lafayette Ave**

19. (a) **OCT 16 1941**
(Date received local registrar)

(b) **J. J. Bradick**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County _____

(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")

(d) Street No. **3737 1/2 Westminister Ave**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **13th** day **October**
year **1941** hour _____ minute **10** P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions **Broncho Pneumonia**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **Pending 10/16**

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 **Thomas J. Callana** (M. D. or other) _____

Address **Deputy Coroner** Date signed **10/16/41**

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 J. Owen

Licensed Embalmer No.....

2248

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.