

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

DEC 1 1941

Registration District No. 789

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 115

Ca 3940 39556  
State File No.

Registrar's No. 2376

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town University City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
6811 Kingsbury Blvd.  
(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  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6811 Kingsbury Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23  
year 1941 hour 9.00 minute A.M.  
21. I hereby certify that I attended the deceased from Oct 6  
1941 to Nov. 23 1941  
that I last saw her alive on Nov. 23 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Embolism, coronary myocarditis

Due to \_\_\_\_\_  
Due to rennibility & hypertension

Other conditions varicose ulcers  
left limb  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy none held

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 H. L. Sibbs (M. D. or other)  
Address 278 Page Date signed 11/24/41

3. (a) PRINT FULL NAME Catherine E. Keefe.

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife James H. Keefe 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 8, 1858.  
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

12. Name Owen Eustace

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

14. Maiden name Catherine Hines

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

16. (a) Informant Mrs. Ann Fiorita

(b) Address 6811 Kingsbury Blvd.

17. (a) Burial (b) Date thereof 11-26-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) NOV 25 1941 (Date received local registrar)  
C. J. McParan (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

6  
5  
3

096  
5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

100

Dr. Fred L. Gibbs  
5298 Page Blvd.,  
Fo. 3770  
1-3 or 7-8.30 P.M.

**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.....  
Licensed Embalmer No. 3225

P. O. Address..... 1125 Hodiamont Ave.

**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.**