

S. No. 2
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ev. 5-17-39
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12936

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 19 1942 791

1003

Registrar's No. A292

Registration District No. _____

Primary Registration District No. _____

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:
4240 California Ave. /
(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 Missouri (b) County 100A

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

(d) Street No. 4240 California Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Patrick J. O'Keefe

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1942 hour 6: minute 45 P.M.

21. I hereby certify that I attended the deceased from here 1942 to May 12 1942
that I last saw him alive on 5/12 1942
and that death occurred on the date and hour stated above.

4. Sex Male () 5. Color or race White

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

6. (b) Name of husband or wife Johanna 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July 8 1874
(Month) (Day) (Year)

Immediate cause of death:
Chronic myocarditis
arteriosclerosis

Duration
3 years
5 years

8. AGE: Years Months Days If less than one day

67	10	4	hr. min.
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Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation Retired, 10 yrs.

11. Industry or business _____

12. Name Michael O'Keefe

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

14. Maiden name Ellen Mahony

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

Major findings:
Of operations none

Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Johanna O'Keefe

(b) Address 4240 California Ave.

17. (a) Burial (b) Date thereof May 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director: Hubben-Benz Mortuary
2842 Herameg St.

(b) Address _____

19. (a) MAY 13 1942 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature J. J. Keenelly (M. D. or other)
Address 315 So. Grand Date signed 5/12/42

(Licensed Embalmer's Statement on Reverse Side)

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

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..... Me, Registered Apprentice No.....
....., working under my personal supervision.

Signed.....

Joe S Benz
Licensed Embalmer No..... 4249

P. O. Address..... 2842 Meramec St.

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.