

19712

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 5488

JUL 13 1942 791

Primary Registration District No. 1003

Registrar's 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:  
St. Lukes Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)  
 In this community 57 Years

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County None?  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4431 S. Broadway  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country Nona

3. (a) PRINT FULL NAME ELIZABETH KEHOE

3. (b) If veteran, name war None 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 John Kehoe 6. (c) Age of husband or wife if alive About 85 years  
 7. Birth date of deceased July 25 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>11</u>	<u>0</u>	.....hr.....min.

9. Birthplace Moselle Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation House-keeper11. Industry or business At Home

12. Name John Jacob  
 13. Birthplace ? Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Susan Gibson  
 15. Birthplace ? Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Home of Friendless(b) Address 4431 S. Broadway17. (a) Burial (b) Date thereof 6/27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director C. H. Minister U. & L. Co.(b) Address JUL 26 1942 4431 S. Broadway19. (a) \_\_\_\_\_ (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25  
year 1942 Hour 2 minute 0 M.21. I hereby certify that I attended the deceased from Nov 39 1939 to June 25 42 1942  
that I last saw her alive on June 20 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Endocarditis 3 yrs  
Chronic Bronchial Asthma 3 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

Duration

3 yrs  
3 yrs

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) no  
 (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) (g) Means of injury \_\_\_\_\_

23. Signature Charles H. ... (M. D. or other) M.D.  
Address 3720 Washington Date signed 6/24/42

888 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

00  
12  
9S. No. 2  
4-1-4-41  
7. 5-17-39  
X26304

**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.....

*Edmund J. Leung*

Licensed Embalmer No.....

*4049*

P. O. Address.....

*6464 Chippawa*

**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.**

1