

FILED SEP 8 1942 84  
Registration District No. ....

Primary Registration District No. 111

Registrar's No. 1718

1. PLACE OF DEATH:

County St. Louis Co  
City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
Name of hospital or institution: St. Marys Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 wks  
In this community 48 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3011 N 23. St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: -----

3. (a) PRINT FULL NAME

Andrew Keating

3. (b) If veteran, name war

No

3. (c) Social Security No.

No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Helen Keating 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased 12 29 1894  
(Month) (Day) (Year)

8. AGE: Years 47 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Tavern Owner

11. Industry or business Saloon

12. Name Edward Keating

13. Birthplace Canada 2  
(City, town, or county) (State or foreign country)

14. Maiden name Hannah Keating COTTER

15. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Keating

(b) Address 1621 N 19. St

17. (a) Burial (b) Date thereof 8-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Burdick & Burdick

(b) Address 2228 St. Louis Ave

19. (a) AUG 14 1942 (b) C. H. McGarran M.D.  
(Date received local registrar) (Registrator's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 8 year 42 hour 10.45 minute A.M.

21. I hereby certify that I attended the deceased from July 9 to Aug 8 1942  
that I last saw him alive on Aug 8 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Medullary Osteomyelitis  
Primiary Pneumonia  
Due to Pneumonia (Unverified)

Other conditions: 57d  
(Include pregnancy within 3 months of death)

Major findings: 57d  
Of operations   
Of autopsy

Duration

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) (b) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 7/1/42  
Address [Address] Date signed 7/1/42

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

Signed.....

Licensed Embalmer No. 1591

P. O. Address 41063 Botswana

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.