o. 2
13-40
17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 21 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39041

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 10463

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. John's Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis

(c) City or town Rural - Allenton NR
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ✓ 1 years.

3. (a) PRINT FULL NAME Anna Mary McKeever

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 Married

6. (b) Name of husband or wife Patrick McKeever

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Febr. (Month) 9 (Day) 1890 (Year)

8. AGE: Years	Months	Days	If less than one day
52	10	4	hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Tom ~~McKeever~~ Evans
13. Birthplace (City, town, or county) Ireland 7 (State or foreign country)

MOTHER
14. Maiden name Susan Sheridan
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Tom McKeever
(b) Address Allenton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Glencoe Mo

18. (a) Signature of funeral director Jno. L. Thiebes
(b) Address Pacific, Mo

19. (a) DEC 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13
year 1942 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Oct 1-1935, 19__, to Dec 14, 1942
that I last saw her alive on Dec 13, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General metastatic Carcinoma	
Due to Carcinoma of breast "R"	7 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Carcinoma of breast	
Of autopsy	

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] O (M. D. or other)
Address 607 N. Grand Date signed 12-15-42

(Licensed Embalmer's Statement on Reverse Side)

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 Jno L Thiebes

Licensed Embalmer No. 3008

P. O. Address Pacific Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.