

**FILED MAR 10 1943 818**  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

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

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:  
2301 6936 MARQUETTE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME KEARY, MAMIE E.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex FEM. 5. Color or race WH. 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased DECEMBER 18 1859  
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

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

MOTHER FATHER

12. Name Michael M. Keary

13. Birthplace IRELAND 4  
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET MARGARET

15. Birthplace HARRINGTON Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant PAUL KEARY (nephew)

(b) Address 6936 MARQUETTE

17. (a) BURIAL (b) Date thereof FEB. 23-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY Cem.

18. (a) Signature of funeral director M. J. Conaghan

(b) Address 7146 Manchester Ave.

19. (a) FEB 24 1943 (b) J. J. Budeck  
(Date received local registrar) (Registrar's signature)

848

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6936 MARQUETTE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 19  
year 1943 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from FEB 10 1943 to FEB 19 1943  
that I last saw her alive on FEB 19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Due to hypertension  
Due to atherosclerosis

Duration

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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?

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

23. Signature W. H. White (M. D. or D.O.)  
2809 N. Kings Highway Date signed 2-24-43

1830  
0887

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**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 *Wilford G. Burnley*  
Licensed Embalmer No. *4205*

P. O. Address.....

**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.**