

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 533
Registrar's No. 333

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5579 Bartmer 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 Mo. (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5579 Bartmer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anne E. Keane
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife William Keane Jr. 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb. 24th., 1879
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 10th., year 1944 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from 1/15/44, 19, to 1/10/44, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 day
Due to _____
Due to art. scler. heart disease
Other conditions Hypertension 10 yrs
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
64 10 16 hr. _____ min.
9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business _____
12. Name Unk. Karch
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk.
(City, town, or county) (State or foreign country)
16. (a) Informant Mr. William Keane Jr.
(b) Address 5579 Bartmer Ave.
17. (a) Burial (b) Date thereof 1-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Powell
(b) Address 3840 Lindell Blvd.
19. (a) JAN 12 1944 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

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. D. Beck (M. D. or other) med
Address Humbert Kedy Date signed 1/10/44

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

MOTHER FATHER

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 W. H. Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.