DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20100

FILED JUL 15 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6001

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: 4635 Steinloge Dr.
(If not in hospital or institution, write street number or location)

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

In this community

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. 4635 Steinloge Dr.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country D

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3. (a) PRINT FULL NAME May Josephine O'Keefe.

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 Edward O'Keefe

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased May 16, 1888. (Month) (Day) (Year)

8. AGE: Years 56 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John B. Klimk

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

14. Maiden name Emily Bruder

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

16. (a) Informant Edward O'Keefe

(b) Address 4635 Steinloge Dr.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 6/44 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.,

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) JUL 5 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3 year 1944 hour 5.35 minute P.M.

21. I hereby certify that I attended the deceased from May 1 - 1944, to July 3 - 1944 that I last saw her alive on July 3 - 1944 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Carcinoma of Sigmoid

Due to

Due to

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

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Emma Theban (M. D. or other)

Address 5321 Bartmer Date signed 7/3/44

(Licensed Embalmer's Statement on Reverse Side)

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 Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address.....

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

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