. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26418

Primary Registration District No. 1003

Registrar's No. 716

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999 M.R.

(a) State Illinois (b) County Macon
(c) City or town Decatur
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Richard McKeogh
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth McKeogh
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased January (Month) 25 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
40	7	2	hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Hardware Merchant
11. Industry or business
FATHER 12. Name George Michael McKeogh
FATHER 13. Birthplace Toledo (City, town, or county) Ohio (State or foreign country)
MOTHER 14. Maiden name Julia Hilbein
MOTHER 15. Birthplace Toledo (City, town, or county) Ohio (State or foreign country)
16. (a) Informant John Mitchell
(b) Address 3920 Wilmington
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8-28-44 (Month) (Day) (Year)
(c) Place: burial or cremation Decatur, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) AUG 28 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27th year 1944 hour 5 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug 27th 5 30 P.M. 1944 to 5 45 P.M. Aug. 27th 1944 that I last saw him alive on August 27th 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	2 hr
Due to Hypertensive cardio-vascular disease	4+ yr
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cardiac enlargement Cerebral hemorrhage

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 Edward Massie (M. D. or other)
Address BARNES HOSPITAL Date signed

(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. G W Wilkinson

Licensed Embalmer No. 3575

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.