

FILED FEB 24 1945 318

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 1393

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: City Sanitarium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yr. 0 mo. 9 ds.  
(Specify whether  
In this community 19 yrs.  
years, months or days)

3. (a) PRINT FULL NAME PATRICK KEHOE

3. (b) If veteran, name war..... 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Kehoe 6. (c) Age of husband or wife if alive            years

7. Birth date of deceased May 29 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>12</u>	hr. <u>          </u> min. <u>          </u>

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Self

12. Name not known

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

14. Maiden name not known

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant T. Singler

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof Feb 14 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary cemetery

18. (a) Signature of funeral director Petz Bros

(b) Address 702 Lafayette Ave

19. (a) FEB 14 1945 (Date received by Registrar)

J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5083 Page Bl.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11  
year 1945 hour 1.20 minute A M.

21. I hereby certify that I attended the deceased from 1942  
19 Feb 11 to Feb 11 19 45  
that I last saw him alive on Feb 11 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Duration.....

Due to Myocardial degeneration 3 yrs.

Due to Chronic Alcoholism with  
Psychosis 4 yrs.

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

Major findings:  
Of operations.....

Of autopsy.....

22. If death was due to external causes, fill in the following:

(c) 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.....

3. Signature C. J. McCall (M. D. or other)  
Address 5400 Arsenal Date signed 2/11/45

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 *J. Willie D. Quinn*

Licensed Embalmer No. 2245

P. O. Address *P.O. Quinn*

**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.**