

S. No. 2
M-5-43
v. 5-17-39
I X36871

FILED JAN 11 1946
318

1003

State File No. 11410
Registrar's No.

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:
720 Clara Ave /
(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)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Bernard J. Keaveny
 3. (b) If veteran, name war..... No
 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 Keaveny
 6. (c) Age of husband or wife if alive..... 70 years
 7. Birth date of deceased..... Sept. 18 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
 year 1945 hour 4 minute 30 P.M.
 21. I hereby certify that I attended the deceased from
Oct 1 1945 to Dec 20 1945
 that I last saw him alive on Dec 15 1945
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>3</u>	<u>2</u>hr.min.

Immediate cause of death.....
Cardiovascular
renal disease
 Due to..... Arterio sclerosis
 Due to..... Senile change
 Other conditions.....
(Include pregnancy within 3 months of death)

Duration
3 yrs
2
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

9. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
 10. Usual occupation..... Retired Farmer
 11. Industry or business.....
 12. Name..... James Keaveny
 13. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name..... Unknown Coyne
 15. Birthplace..... Ireland
(City, town, or county) (State or foreign country)
 16. (a) Informant..... Mrs. Mary Keaveny
 (b) Address..... St. Paul, Mo.
 17. (a) Burial (b) Date thereof..... 12-25-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation..... St. Paul, Mo.
 18. (a) Signature of funeral director..... Albert H. Hoppe
 (b) Address..... 4700 Washington Blvd.
 19. (a) DEC 27 1945 (b) Bredbeck
(Date received by Registrar) (Registrar's signature)

Major findings: Of operations..... No operation
 Of autopsy.....
 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 R. Quinn Lane (M. D. or other)
 Address 117 1/2 Grand Date signed 12/24/45

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

MOTHER FATHER

01/11

01/11

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. 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.