

P. S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14877**
3908
Registrar's No. _____

FILED MAY 10 1946
Registration District No. **318** 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: **Mo. Baptist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6-weeks**
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME **John W. Keeshan**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **W. 2**
6. (b) Name of husband or wife **Ellen Keeshan** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Feb. 8th., 1865**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 2 21 hr. min.

9. Birthplace **St. Louis Mo. 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Hat Salesman**

11. Industry or business _____

12. Name **John W. Keeshan**
13. Birthplace **Mo. 0**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Hunt**
15. Birthplace **Mo. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. John W. Keeshan**
(b) Address **6162 Kingsbury Blvd.**

17. (a) **Burial** (b) Date thereof **5-1-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Cathary**
18. (a) Signature of funeral director **Arthur J. Howrath**
(b) Address **3840 Lindell Blvd.**
19. (a) **APR 30 1946** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

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. **6162 Kingsbury Blvd.** 9
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **29th.**,
year **1946** hour **11** minute **05** a. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
2 Fracture of left femur
3 External hemorrhoids which
due to age at the softening corner
of coccyx and pelvic bones
Died **at 30 Pine Street St. Louis Mo. 1946**

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:
(a) Accident, suicide, or homicide (specify) **Accidental**
(b) Date of occurrence **March 15 1946**
(c) Where did injury occur? **at home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home
(Specify type of place)

23. Signature **W. J. Perry** (M.D. or other) _____
Address _____ Date signed **4/30/46**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

13777

MAY 16, 1946

MAY 16 1946

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.