S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32868

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8809

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

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

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. 5110 Ridge Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOAN O'KEEFE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 27 (Day) 1936 (Year)

8. AGE:

Years	Months	Days	If less than one day
11	0	21	hr. min.

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

10. Usual occupation School Girl

11. Industry or business

FATHER
12. Name Daniel O'Keefe
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Celeste Doyle
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Celeste O'Keefe
(b) Address 5110 Ridge Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) (Date received local registrar) (b) J. F. Bieleck (Registrar's signature)

SEP 19 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 18
year 1947 hour 3:30 minute P M.

21. I hereby certify that I attended the deceased from July 1, 1944, to Sept. 18, 1947
that I last saw her alive on Sept. 18, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	3 wks.
Due to: Hypoplastic Anemia	3 yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 L. B. Lavan (M. D. or other) MD
Address Humboldt Bldg Date signed 9/19/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Humboldt Bldg
539 No. Grand

V:30 - 7:30

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 William B. White

Licensed Embalmer No. 4291

P. O. Address 4228 S. Kingshighway

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.