

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:
6183 Pershing Ave.
(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)

3. (a) PRINT FULL NAME..... **Agnes Keenoy**
3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... **F.** / Color or race..... **W.**
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. 15, 1867**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 1 22 hr. min.

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

10. Usual occupation..... **At Home**

11. Industry or business.....
12. Name..... **Michael Keenoy** 4
13. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Mary McCormick**
15. Birthplace..... **Ireland** 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Russell Gregory**
(b) Address..... **6183 Pershing Ave.**

17. (a) **Burial** (b) Date thereof..... **10-10-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Arthur J. Donnelly**
(b) Address..... **3840 Lindell Blvd**

19. (a) **OCT 8 1947** (b) **J. F. Bradee**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Mo.** (b) County..... **0-0-0**
(c) City or town..... **St. Louis** 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. **6183 Pershing Ave.** 0
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct.** day..... **7th.**
year..... **1947** hour..... **10** minute..... **30** A. M.

21. I hereby certify that I attended the deceased from **Dead on arrival 10/7/47** 19. **47** to 19.
that I last saw him..... alive on **not seen alive** 19.
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Unknown**
Dead on arrival. Apparently of natural causes. No evidence of trauma or coronary intervention.
Due to.....
Due to..... **Sept. Coronary (Taylor) notified by phone.**
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **200**
Of autopsy.....
PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external cause, all of 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..... **Alfred Hershman** (M. D. or other)
Address..... **462 N. Taylor** Date signed..... **10/7/47**

WRITE PLAINLY—USING 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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Lundell

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.