. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43828

Registration District No. FILED DEC 22 1947

Primary Registration District No. 6076

Registrar's No. 2588

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 27 days (Specify whether
In this community 27 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County vas
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 6018 Westminster (If rural, give location)
(e) Citizen of foreign country? - - (Yes or No)
If yes, name country - -

3. (a) PRINT FULL NAME KEOUGH, William B.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jane A.
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased December (Month) 10 (Day) 1894 (Year)

8. AGE: Years 53 Months 0 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business
FATHER
12. Name James J. Keough
13. Birthplace Washington, D.C. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Casserly
15. Birthplace Washington, D.C. (City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address V.A.Hosp. Jeff. Brks. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem. St.Louis,
18. (a) Signature of funeral director Arthur J.Donnelly
(b) Address 3840 Lindell St.Louis, Mo.
19. (a) 12-16-47 (Date received local registrar) (b) Cecil A. J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 14 year 1947 hour 12:55 minute P. M.
21. I hereby certify that I attended the deceased from November 18, 1947, to December 14, 1947 that I last saw him alive on December 14, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
BRONCHOPNEUMONIA, BILATERAL	Unk.
Contributary Cause: -	
1. PULMONARY FIBROSIS WITH EMPHYSEMA	
2. RIGHT HEART HYPERTROPHY	

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 95

Of autopsy Autopsy performed (See cause of Death)

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 L.E. Stilwell Means of injury
23. Signature L.E. Stilwell, (M. D.)
Address Jefferson Barracks, Mo. Date signed 12/15/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

JAN 5 1948

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.