

S. No. 2  
-12-45  
5-17-39  
X 47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 7 1948

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3170**

1. PLACE OF DEATH:  
(a) County.....  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution:  
City Infirmary  
(d) Length of stay: In hospital or institution 11 mos. 6 days  
In this community life

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 5800 Arsenal  
(e) Citizen of foreign country? Yes (Yes or No) 0

3. (a) PRINT FULL NAME Katie O'Keefe  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 30 year 1948 hour 10 P.M. minute..... M.  
21. I hereby certify that I attended the deceased from April 24 1947 to March 30, 1948  
that I last saw her alive on March 30, 1948 and that death occurred on the date and hour stated above.

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: Jan 31 1859  
(Month) (Day) (Year)

Immediate cause of death.....  
Probably Left cerebral Hemorrhage- Few Minutes.  
Due to Senility.  
Due to.....  
Other conditions.....  
Major findings:  
Of operations.....  
Of autopsy.....

8. AGE: Years Months Days If less than one day  
89 1 29 hr. min.

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

10. Usual occupation none

11. Industry or business.....

12. Name John O'Keefe

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine ? Crowe

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant City Infirmary

(b) Address 5800 Arsenal

17. (a) Burial (b) Date thereof 4-2-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

19. (a) APR 1 1948 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work?..... (Specify type of place) (c) Means of injury.....  
23. Signature Palmer Brown Bowlich (M. D. or other) 0  
Address 5800 Arsenal Date signed 3/30/48

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

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

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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 Lindell

**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.**