

FILED DEC 14 1948

318

Primary Registration District No.

100's

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

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:
5592 Waterman 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5592 Waterman Ave.
12 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 30
1946 to Nov 29, 1948
that I last saw h. et alive on November 28, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Duration _____
Pulmonary 2 1/2 yrs
8770

Due to _____
and Cardiac decompensation, no

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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 Louis M. Keane (M. D. or other) MD
Address 1303 N. Kings Highway Date signed Dec 30 48

3. (a) PRINT FULL NAME Helen C. Keane.

3. (b) If veteran, name war No 3. (c) Social Security No. None

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 November 16 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 0 13 hr. _____ min.

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

10. Usual occupation Millinery

11. Industry or business Retired

12. Name James A. Keane

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

14. Maiden name Mary B. Spellman

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

16. (a) Informant Miss Genevieve Keane,

(b) Address 5592 Waterman Ave.

17. (a) Burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery,

18. (a) Signature of funeral director. Cullinane Bros.

(b) Address 3320 N. Kings Highway Blvd.

19. (a) DEC 1 1948 (b) J. B. Casler
(Date received local registrar) (Registrar's signature)

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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.