

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17570

State File No. 4189

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If rural, give location) 5128 Lotus Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) J. c. (Last) O'Keefe			4. DATE OF DEATH (Month) (Day) (Year) 5/10/49			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9/9/1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days	IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Terrence McKittrick		13b. MOTHER'S MAIDEN NAME Catherine Agnew		14. NAME OF HUSBAND OR WIFE H. Emmett O'Keefe	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME H. Emmett O'Keefe	
				ADDRESS 5128 Lotus	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 8 years
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic Anemia		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			None

19a. DATE OF OPERATION 1945		19b. MAJOR FINDINGS OF OPERATION Splenectomy 1945		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 730	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 20924	

22. I hereby certify that I attended the deceased from 6/23, 1940, to 5/10, 1949, that I last saw the deceased alive on 5-10, 1949, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE John J. Hainwood (Degree or title)		23b. ADDRESS 634 N. Grand		23c. DATE SIGNED 5/10/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/12/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	

DATE REC'D BY LOCAL REG. MAY 10 1949		REGISTRAR'S SIGNATURE J. B. Swater		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan Funeral Dir.		ADDRESS 2849 Euclid	
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(Licensed Embalmer's Statement on Reverse Side)

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

D^r. John J. Hammond

Missouri Theatre Bldg.

FR. 5080 2:30 to 5⁰⁰ Pm

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Herbert L. Brinkman

Signed _____
Student Embalmer

Licensed Embalmer No. 3553

P. O. Address _____

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.