

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24982**
6820

No. 300
10.48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo. b. COUNTY St. Louis, Mo.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		d. STREET ADDRESS (If rural, give location) 108 Kayser	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 108 Kayser			
3. NAME OF DECEASED (Type or Print) Michael Joseph Keating			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 8-4-49	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 6-29-99	
9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry man			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Frank Keating			13b. MOTHER'S MAIDEN NAME Catherine Dwyer			14. NAME OF HUSBAND OR WIFE Margaret Kreischer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. MARGARET KEATING, 108 KAYSER, LEMAY 23, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulonephritis or pyelonephritis (?) DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic heart disease				INTERVAL BETWEEN ONSET AND DEATH 10 days? Many years.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 121			
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? 592 X			
22. I hereby certify that I attended the deceased from 7-28-49 , 19____, to 8-4-49 , 19____, that I last saw the deceased alive on 8-4-49 , 19____, and that death occurred at 3:58 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE Buriet H. Peden, M.D. (Degree of title)				23b. ADDRESS 1325 S. Grand (4)		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-6-49		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVE		24d. LOCATION (City, town, or county) (State) LEMAY, MO.	
DATE REC'D BY LOCAL REG. AUG 5 1949		REGISTRAR'S SIGNATURE J.R. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS SOUTHERN FUNERAL HOME, 6322 S. GRAND BLVD.			

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

David Lee Fossan

Licensed Embalmer No. *4382*

P. O. Address *6322 So Grand*

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.