

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35293

318

1003

State File No. 9043  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 9043		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>152</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>			c. LENGTH OF STAY (In this place) <u>3</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST LOUIS</u>			17		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PRODUCED DEAD AT CITY HOSP</u>				d. STREET ADDRESS (If rural, give location) <u>11-3225 MONTGOMERY</u>							
3. NAME OF DECEASED (Type or Print) <u>WILLIAM THOMAS KEEGAN</u>			a. (First)			b. (Middle)			c. (Last)		
4. DATE OF DEATH <u>Oct 17-1949</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>			8. DATE OF BIRTH <u>APRIL 11-1884</u>			9. AGE (In years last birthday) <u>65</u>		
5. SEX <u>MALE</u>			6. COLOR OR RACE <u>WHITE</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE WORKER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		
11. BIRTHPLACE (State or foreign country) <u>ST LOUIS MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>							
13a. FATHER'S NAME <u>JAMES KEEGAN</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET SWEENEY</u>			14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>UNKNOWN</u>			16. SOCIAL SECURITY NO. <u>UNKNOWN</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Baker</u>			ADDRESS <u>2331 Mullanphy</u>		
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, athenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction</u> ANTECEDENT CAUSES <u>Chronic Arteritis</u> DUE TO (b) <u>Cardiac Hypertrophy</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Cardiac Hypertrophy</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>95</u> (STATE) <u>MO</u>							
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? <u>H3H3</u>							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:36 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>Joseph M. Quinn</u> (Degree or title) <u>Chm 2-1300</u>			23b. ADDRESS <u>Clark</u>			23c. DATE SIGNED <u>10/21/49</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>					
DATE REC'D BY LOCAL REG. <u>OCT 21 1949</u>			REGISTRAR'S SIGNATURE <u>J. B. Posater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Boulier-Kelly</u> ADDRESS <u>4386 Lindell</u>					

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

**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.

Student .....  
Student Embalmer

Signed Ralph W Henson

Licensed Embalmer No. 3791

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.