

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31750**
8059

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 Missouri b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 2127 OR TOWN St. Louis Mo.		d. STREET ADDRESS (If rural, give location) 5592 Waterman Ave.,						
d. FULL NAME OF HOSPITAL OR INSTITUTION 5592 Waterman Ave.,				d. STREET ADDRESS (If rural, give location) 5592 Waterman Ave.,								
3. NAME OF DECEASED a. (First) Genevieve (Type or Print)			b. (Middle) M.		c. (Last) Keane		4. DATE OF DEATH (Month) (Day) (Year) Sept. 22 1950					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Single		8. DATE OF BIRTH Dec. 12, 1889		9. AGE (In years last birthday) 60 IF UNDER 1 YEAR 9 Days IF UNDER 2 HRS. 10 Hours 10 Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher			10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME James Keane			13b. MOTHER'S MAIDEN NAME Mary B. Spellmann			14. NAME OF HUSBAND OR WIFE _____						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Miss Harriet Wageley ADDRESS 5561a Etzel Av							
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malignant Hypertension DUE TO (c) Arterio-sclerosis 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH July 16-50 To Sept 22-50 16.57 To Sept 22-50 2 1/2 Months Autopsy 14 day				
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) _____		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? 443X	
22. I hereby certify that I attended the deceased from July 16, 1950 , to Sept 22, 1950 , that I last saw the deceased alive on Sept 19, 1950 , and that death occurred at Ball m. , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) Louis St. Thomas M.D.				23b. ADDRESS 1303 N. Kingshighway				23c. DATE SIGNED Sept 22-50				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-25-1950		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. SEP 23 1950		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Gullinane Bros. ADDRESS 5520 N. Kingshighway							

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 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.