

No. 300  
10-48

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7084

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 493

1. PLACE OF DEATH  
a. COUNTY St. Louis  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riverview Gardens  
c. LENGTH OF STAY (In this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION 10085 Toelle Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riverview Gardens 4050  
d. STREET ADDRESS (If rural, give location) 10085 Toelle Lane

3. NAME OF DECEASED  
(Type or Print) a. (First) MICHAEL b. (Middle) F. c. (Last) KEHOE

4. DATE OF DEATH (Month) (Day) (Year)  
Feb 21st 1951

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)

8. DATE OF BIRTH Feb 20th, 1880

9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) yard manager

10b. KIND OF BUSINESS OR INDUSTRY retail coal

11. BIRTHPLACE (State or foreign country) St. Louis Co., U

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Kehoe

13b. MOTHER'S MAIDEN NAME Margarete O'Rourke

14. NAME OF HUSBAND OR WIFE Adelaine Kehoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY 489-22-1333

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Adelaine Kehoe, 10085 Toelle Lane

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) Acute Pulmonary Edema  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Myocardial Failure  
DUE TO (c) Arteriosclerosis  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
4 hrs.  
1 yr.  
Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4500

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/24, 1951, to 2/28, 1951, that I last saw the deceased alive on 2/24, 1951, and that death occurred at 6 9 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William C. Knight

23b. ADDRESS 8201 W. Bolivar

23c. DATE SIGNED 2/24/51

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 2/24/51

24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 2/23/51

REGISTRAR'S SIGNATURE Herbert R. Tombe, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Doedrich F. Home, 8319 Hallsferry

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 *Robert M Murray*

Licensed Embalmer No. *3749*

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.