.S. No. 300
Rev. 10-48

FILED DEC 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40487

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10159

0

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

1. PLACE OF DEATH
a. COUNTY: ST LOUIS MO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place): 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY: ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MO 2049
d. STREET ADDRESS (If rural, give location): 4940 BERTHOLD

3. NAME OF DECEASED (Type or Print)
a. (First): EUGENE b. (Middle): c. (Last): MCKEON

4. DATE OF DEATH (Month) (Day) (Year): NOV. 3, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 29 - 1886
9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months 10 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): POSTAL CLERK
10b. KIND OF BUSINESS OR INDUSTRY: Island
11. BIRTHPLACE (City and State or Foreign Country): Pounty LETRIM
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: EDWARD McKEON
13b. MOTHER'S MAIDEN NAME: ANN MULVEY
14. NAME OF HUSBAND OR WIFE: LENA MUSSO McKEON

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.
17. INFORMANT'S SIGNATURE OR NAME: MRS John OATES
ADDRESS

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) PULMONARY TUBERCULOSIS - FAR ADVANCED ACTIVE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. BRONCHIAL ASTHMA

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 002X

22. *I hereby certify that I attended the deceased from* 10-30-52, 19___, *to* 11-3-52, 19___, *that I last saw the deceased alive on* 11-3-52, 19___, *and that death occurred at* 12:55Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. B. Strachan, Jr. M.D.
23b. ADDRESS: 1515 Lafayette Avenue
23c. DATE SIGNED: 11-4552

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV-6-1952
24c. NAME OF CEMETERY OR CREMATORY: CALVARY
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: NOV 5 1952
REGISTRAR'S SIGNATURE: J Earl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE: M. J. Croghan
ADDRESS: 7146 Manchester

(Licensed Embalmer's Statement on Reverse Side)

DEC 29 1952

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 Ronald O Yuhn

Licensed Embalmer No. 3997

P. O. Address St Louis

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.