

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **45009**  
Registrar's No. **11906**

BIRTH NO.		REG. DIST. NO. <b>318</b>	PRIMARY REG. DIST. NO. <b>1003</b>	Registrar's No. <b>11906</b>	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2107</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4661 PALM ST.</b>			d. STREET ADDRESS (If rural, give location) <b>10 4661 PALM ST.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>WILLIAM</b> c. (Last) <b>O'KEEFE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12/24/52</b>		
5. SEX <b>MALE 0</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE 1</b>	8. DATE OF BIRTH <b>8/18/1883</b>	9. AGE (In years, last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WATCHMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MISSOURI 0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>LAWRENCE O'KEEFE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MCCOY</b>		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) <b>WAR # 11 WOLRD WAR # 1</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDWARD O'KEEFE 4661 PALM ST.</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial</b> DUE TO (c) <b>arteriosclerotic hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>5-7 years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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) (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? <b>420.1</b>			
22. I hereby certify that I attended the deceased from <b>April, 1952, to Dec 24, 1952</b> , that I last saw the deceased alive on <b>Dec 23, 1952</b> , and that death occurred at <b>5:10 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Miss [Signature]</b>		23b. ADDRESS <b>4370 [Address]</b>		23c. DATE SIGNED <b>12/26/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL 1</b>	24b. DATE <b>12/27/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>		
DATE REC'D BY LOCAL REG. <b>DEC 27 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STROOT &amp; CARROLL 4600 NATURAL BRIDGE</b>		

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

*Handwritten notes and scribbles in the top right corner.*

**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

*Albert Mayfield*

Licensed Embalmer No.

*30127*

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.