

FILED DEC 30 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318 1003 State File No. 42514
Registrar's No. 10827

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 42514		Registrar's No. 10827			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Pine Lawn		416		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospt.				STREET ADDRESS (If rural, give location) 6225 Stillwell Ave.							
3. NAME OF DECEASED (Type or Print) a. (First) Michail b. (Middle) J c. (Last) Keane			4. DATE OF DEATH (Month) (Day) (Year) 11/26/54								
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 16 1875		9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 YEAR Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Oper			10b. KIND OF BUSINESS OR INDUSTRY Laclede Gas Co.		11. BIRTHPLACE (City and State or Foreign Country) Ireland			12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME U. K. Keane			13b. MOTHER'S MAIDEN NAME Margaret Griffin			14. NAME OF HUSBAND OR WIFE Margaret Keane Dec.					
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. ***** 492 03 7589		17. INFORMANT'S SIGNATURE OR NAME Joseph Fichter ADDRESS 6225 Stillwell						
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease with Cardiac Failure						INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Emphysema of Lungs									
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4200							
22. I hereby certify that I attended the deceased from 11/4 , 19 54 , to 11/26 , 19 54 , that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30P m., from the causes and on the date stated above.											
23a. SIGNATURE Wm. E. Moore M.D. (Degree or title)				23b. ADDRESS 7313 Pandora			23c. DATE SIGNED 11/26/54				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/29/54	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
DATE REC'D BY LOCAL REG. NOV 27 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark ADDRESS 1125 Hodiamont Ave.						

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.....
Signature of Student Embalmer

Signed *Alfred J. Badcker*
Licensed Embalmer No. *266*

P. O. Address *11257 Hudson*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.