

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42516**
Registrar's No. **11243**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1 yr 4 mo 7 days		c. CITY OR TOWN City of St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital			e. STREET ADDRESS (If rural, give location) 13- 5800 Arsenal St.		

3. NAME OF DECEASED (Type or Print) Winifred Keenan.			4. DATE OF DEATH (Month) (Day) (Year) 12- 7-54.	
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) UNKNOWN	8. DATE OF BIRTH July 8, 1862	
9. AGE (In years last birthday) 92		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN.	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) IRELAND

12. CITIZEN OF WHAT COUNTRY? _____	13a. FATHER'S NAME Macus McNaughlin.	13b. MOTHER'S MAIDEN NAME ? McNulty	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Miss Pemberton		ADDRESS 2331 McLaughlin
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500
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22. I hereby certify that I attended the deceased from **7- 31-**, 19 **47**, to **12-7-**, 19 **54**, that I last saw the deceased alive on **12-7-**, 19 **54**, and that death occurred at **7:35 p. m.**, from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Palmer Duncan Bowlish M.D.	23b. ADDRESS 5800 Arsenal St.	23c. DATE SIGNED 12-7-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE DEC-10-54	24c. NAME OF CEMETERY OR CREMATORY GALVARY	24d. LOCATION (City, town, or county) (State) ST LOUIS MO
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DATE REC'D BY LOCAL REG. DEC 10 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE McGullen Kelly	ADDRESS 4386 Lindell
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.....
Gene A. Sutton

Licensed Embalmer No. *4966*

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