

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20150**
Registrar's No. **5064**

FILED JUN 22 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1000**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1000		Registrar's No. 5064	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Mo		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri Baptist Hosp				STREET ADDRESS (If rural, give location) 20 2118 Mullanphy Street 2209 0			
3. NAME OF DECEASED (Type or Print) a. (First) Catherine		b. (Middle) Agnes		c. (Last) Keane		4. DATE OF DEATH (Month) (Day) (Year) June; 10, 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug 31, 1909	
9. AGE (In years last birthday) 45		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? U.S		13a. FATHER'S NAME Thomas Mullaney	
13b. MOTHER'S MAIDEN NAME Catherine Loftus		14. NAME OF HUSBAND OR WIFE Thomas F. Keane		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Thomas F. Keane, 2118 Mullanphy st		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) NO		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic coma (clinical)		INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary edema		DUE TO (c) Fatty changes kidneys		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? YES <input checked="" 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? 260X		22. I hereby certify that I attended the deceased from Jan, 1953 , to June 10, 1955 , that I last saw the deceased alive on June 19, 55 , and that death occurred at 9:00 P.m. , from the causes and on the date stated above.		23a. SIGNATURE E. E. King		23b. ADDRESS (Degree or title) M.D.O. 2114 E Grand	
23c. DATE SIGNED 10 June - 55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Calvary Cem	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo		DATE REC'D BY LOCAL REG. JUN 11 1955		REGISTRAR'S SIGNATURE J. Carl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's Funeral Directors ADDRESS 2849 N Euclid	

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

Handwritten notes at top left, including "2114 2/12/1919".

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 Albert Mayfield

Licensed Embalmer No. 307

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.