

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28558
State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1953

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS,</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Northwoods, Northwoods</u>)		c. CITY OR TOWN <u>NORTHWOODS ?</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>2 YRS</u>		e. STREET ADDRESS (If rural, give location) <u>6617 BOLES</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6617 BOLES</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>F.</u> c. (Last) <u>KEENOY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 21, 1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6/20/1893</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POST DISPATCH</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>FRANCIS KEENOY</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE LEE</u>	14. NAME OF HUSBAND OR WIFE <u>BLANCHE KEENOY</u>
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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) <u>YES WORLD WAR I</u>	16. SOCIAL SECURITY NO. <u># 492-09-0798</u>	17. INFORMANT'S SIGNATURE OR NAME <u>BLANCHE KEENOY</u>	ADDRESS <u>6617 BOLES</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 HR</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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?
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22. I hereby certify that I attended the deceased from Nov. 21, 1953, to Aug. 21, 1955, that I last saw the deceased alive on Aug. 21, 1955, and that death occurred at 12:20a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William J. M.D.</u>	23b. ADDRESS <u>607 North Grand</u>	23c. DATE SIGNED <u>8/22/55</u>
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24b. DATE <u>8/21/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>8/22/55</u>	REGISTRAR'S SIGNATURE <u>Verne B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STROUT & CARROLL</u>	ADDRESS <u>1600 NATURAL BRIDGE AVE.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr J Owens
University of Bldg
Jan 1-28-28 *1-3-28*

SEP 13 1955

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 *Elmo R. Sadwell*

Licensed Embalmer No. *407*

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.