

FILED NOV 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 5602 Registrar's No. 2653

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ferguson</u>		c. CITY OR TOWN <u>Ferguson</u> <u>410</u>	
c. LENGTH OF STAY (In care) <u>73</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>329 North Dade Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>329 North Dade Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>L.</u> c. (Last) <u>Keefe</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-12-55</u>		
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	
8. DATE OF BIRTH <u>Sept. 25, 1882</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>17</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Louis Trovler</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. George J. Keefe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. George J. Keefe, 329 N. Dade Ave. Ferguson</u>	

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative cerebral vascular</u>			ANTECEDENT CAUSES <u>renal disease &amp; failure</u>			<u>YRS</u>
DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			DUE TO (c) <u>Recurrent cerebral vascular accidents</u>			<u>12 yrs</u>
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 <u>442x</u>			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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Sept 1946, to 12 Nov 1955, that I last saw the deceased alive on 12 Nov 1955, and that death occurred at 11:15 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>212 S. Florissant</u>		23c. DATE SIGNED <u>11-12-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 14, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>11-13-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur J. Donnelly 3840 Lindell Blvd.</u>	
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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 me....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 469

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.