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

FILED JUN 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19146

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1251

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brentwood, [redacted]
c. LENGTH OF STAY (In this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8722 E. Pine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Brentwood 400 p 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 8722 E. Pine

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last)
Elizabeth Angela Keough

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1956

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH 10-1-65
9. AGE (In years last birthday) 91 — If under 1 year: Months Days — If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [redacted] Housewife
10b. KIND OF BUSINESS OR INDUSTRY At home [redacted]
11. BIRTHPLACE (City and State or Foreign Country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? U S a

13a. FATHER'S NAME Thomas Casserly
13b. MOTHER'S MAIDEN NAME Catherine Walsh
14. NAME OF HUSBAND OR WIFE James J. Keough

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. unk
17. INFORMANT'S SIGNATURE OR NAME Mary Louvier **ADDRESS** 8722 E. Pine Brentwood Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Arteriosclerosis — 5 yrs.
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 4200
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-9, 1938, *to* 5-20, 1956, *that I last saw the deceased alive on* 5-2, 1956, *and that death occurred at* 7:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature], MD
23b. ADDRESS 607 N. Grand Blvd
23c. DATE SIGNED 5/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE 5-22-56b
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 5.21.56
REGISTRAR'S SIGNATURE Herbert K. Somke, MD
25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home **ADDRESS** 6322 S. Grand, St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

Country

Dr Sol Weber
Je 5-7381
University Club Bldg
1 30 to 4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 424

P. O. Address St Louis

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