

STANDARD CERTIFICATE OF DEATH

State File No. **20978**

FILED JUL 10 1956 REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **83**

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

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): a. STATE MO. b. COUNTY Jefferson	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL MERAMEC		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 7 YRS 9 mos		d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 6811 WALDENMAR 204	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) McKEON c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JUNE 22 1956		
--	--	--	--	--	--

5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH SEPT. 10, 1881 74		9. AGE (In years, months, days) IF UNDER 1 YEAR: Months Days Hours Min.	
-----------------	--	---------------------------	--	---	--	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work during most of work life, even if retired) RETIRED R.R. CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) IRELAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
---	--	-----------------------------------	--	--	--	---	--

13a. FATHER'S NAME EDWARD		13b. MOTHER'S MAIDEN NAME ANN MULVEY		14. NAME OF HUSBAND OR WIFE SINGLE <i>Eureka</i>	
-------------------------------------	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME <i>Dr. Leo Kelly, 213 N. Josephine St</i>		ADDRESS	
---	--	--	--	--	--	---------	--

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)		CORONARY OCCLUSION					
ANTECEDENT CAUSES		CHRONIC - ARTERIO-SCLEROTIC					
*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)					
		HEART DISEASE					
		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"/>	
------------------------	--	----------------------------------	--	---	--

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. 19, 1948** to **JUNE 22, 1956**, that I last saw the deceased alive on **JUNE 22, 1956**, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>J.C. Madden, M.D.</i>		23b. ADDRESS 4323 Kelavo De Normandy Ave. 21		23c. DATE SIGNED 6/22/56	
--	--	--	--	------------------------------------	--

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE JUNE 25, 1956		24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Hill Infirmary		24d. LOCATION (City, town, or county) (State) EUREKA - MO.	
--	--	-----------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG June 26, 1956		REGISTRAR'S SIGNATURE <i>Barth J. Jura</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Primmie Ann Home</i>		ADDRESS Howe Springs Mo.	
---	--	---	--	---	--	------------------------------------	--

38

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED JUL 5 1958

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.....
John H. B...

Licensed Embalmer No. 1470

P. O. Address *House Spr...*

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.