

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35729

State File No. ....

FILED NOV 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **8954**

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 township) OR TOWN **St. Louis** 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  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **MISSOURI PACIFIC HOSP.** STREET ADDRESS (If rural, give location) **21710 2146 So. Grand Blvd.**

3. NAME OF DECEASED a. (First) **THOMAS** b. (Middle) **CHARLES** c. (Last) **KEANE** 4. DATE OF DEATH (Month) (Day) (Year) **SEPT 28 1956**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **12/17/1886** 9. AGE (In years last birthday) **69 yrs.** 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) **Electrical Worker** 10b. KIND OF BUSINESS OR INDUSTRY **Electric** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael Keane** 13b. MOTHER'S MAIDEN NAME **Bridget Cunningham** 14. NAME OF HUSBAND OR WIFE **Estelle May Keane**

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. **490-12-1200** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Estelle Keane 2146 So. Grand Blvd.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Generalized intra-abdominal carcinoma of colon** INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_  
ANTECEDENT CAUSES DUE TO (b) **Carcinoma of Pancreas**  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS **BRONCHO-PNEUMONIA, PERFORATED**  
Conditions contributing to the death but not related to the disease or condition causing death. **GASTRIC ULCER.**

19a. DATE OF OPERATION **12 SEPT 56** 19b. MAJOR FINDINGS OF OPERATION **GENERALISED INTRA ABDOMINAL CARCINOMATOSIS.** 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) **157x**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 **1 SEPT, 1956** to **28 SEPT, 1956**, that I last saw the deceased alive on **27 SEPT, 1956**, and that death occurred at **9:35a m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John T. Dandrey MD** 23b. ADDRESS **1504 So Grand** 23c. DATE SIGNED **9/29/56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **10/1/56** 24c. NAME OF CEMETERY OR CREMATORY **Calvary** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **OCT 1 1956** REGISTRAR'S SIGNATURE **Charles Smith MD** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **E.J. Schnur 3125 Lafayette Ave.**

*m.j.B.* (Licensed Embalmer's Statement on Reverse Side)

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 ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Thomas R. Penwick*

Licensed Embalmer No. *37*

P. O. Address *3125 Lafayette*

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