S. No. 2.
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

4369

State File No.

FILED FEB 14 1941

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 145

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
at WPA Project, 147 S. Old Orchard Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo., (b) County St. Louis 96

(c) City or town Webster Groves, 7
(If outside city or town limits, write "RURAL")

(d) Street No. 219 Queen St. 7
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Oliver O'Keane

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-6473

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Della O'Keane

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased April (Month) 10 (Day) 1878. (Year)

8. AGE: Years 62 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Caruthersville, (City, town, or county) Mo., (State or foreign country) A

10. Usual occupation Laborer

11. Industry or business WPA

FATHER
12. Name John O'Keane
13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country) 4

16. (a) Informant Della O'Keane
(b) Address 219 Queen St. Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address 131 W. Argonne, Kirkwood, Mo.

19. (a) JAN 21 1941 (Date received local registrar) (b) T. R. Meyer M. D. Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1941 hour 2;20 minute P M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes

Due to lobar pneumonia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy lobar pneumonia

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 3

23. Signature Louis H Bopp Coroner (M. D. or other)
Address 131 W. Argonne Kirkwood Mo., Date signed 1/21/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Rollando & Bopp

Licensed Embalmer No. 3042

P. O. Address Clayton

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 this body is not embalmed, above space should be left blank.