S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2-001

State File No. 25338 2

Registrar's No. 1555

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to County Hospt. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4908 Highland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Robert E. O'Keefe

3. (b) If veteran, name war no

3. (c) Social Security No. 489-16-5491

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Eugenia

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased July (Month) 14 (Day) 1915 (Year)

8. AGE: Years 27 Months 0 Days 5 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Guard

11. Industry or business

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

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

16. (a) Informant Eugenia O'Keefe
(b) Address 4908 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Und.
(b) Address 2849 N. Euclid

19. (a) JUL 20 1942 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1942 hour 4:10 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 Gun-shot wound of chest - revolver carelessly handled by Robt. Francis Lewis. (Duration)
Due to Gun-shot wound left anterior thorax; laceration left lung;
Due to blood in left pleural cavity; laceration of heart; blood in
Other conditions pericardial cavity.
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

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) Accident. 096
(b) Date of occurrence July 19, 1942
(c) Where did injury occur? 8100 W. Florissant Av. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial plant. (Specify type of place)
While at work? Yes (e) Means of injury

23. Signature Louis H. Bopp M. D. (M. D. or other)
Address Kirkwood, Mo. 7/20/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

707

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 J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

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, fact should be so stated above.