

FILED JUN 1 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH18411  
State File No. 4808  
Registrar's No.

318 PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____			REG. DIST. NO. 318			PRIMARY REG. DIST. NO. 1003			Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS Mo</u>				c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>			d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2640<sup>3</sup> LEMP</u>					No. STREET ADDRESS (If rural, give location) <u>29 2640<sup>A</sup> LEMP AVE<sup>2239</sup></u>								
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u>			b. (Middle) <u>JAMES</u>			c. (Last) <u>O'KEEFE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 14 1956</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT 14 1885</u>		9. AGE (In years last birthday) <u>70</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SHOE WORKER</u>					10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>JACK O'KEEFE</u>				13b. MOTHER'S MAIDEN NAME <u>EMMA WALSH</u>				14. NAME OF HUSBAND OR WIFE <u>DELHIA O'KEEFE</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>493-10-9910</u>			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DELHIA O'KEEFE 2640<sup>A</sup> LEMP</u>							
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) <u>Arterio Sclerosis</u>													
ANTECEDENT CAUSES <u>Generalized</u>													
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.													
DUE TO (b) _____													
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. <u>450.0</u>						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) _____			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 <u>4-30-</u> 19 <u>56</u> , to <u>5-14-</u> 19 <u>56</u> , that I last saw the deceased alive on <u>5-14</u> 19 <u>56</u> , and that death occurred at <u>6:30</u> Am. from the causes and on the date stated above.													
23a. SIGNATURE (Degree) <u>Carl J. Reis</u>					23b. ADDRESS <u>1811 Pung Highway</u>					23c. DATE SIGNED <u>5-16-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>			24b. DATE <u>MAY 17 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LAKEWOOD PARK</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS Mo</u>					
DATE REC'D BY LOCAL REG. <u>MAY 18 1956</u>			REGISTRAR'S SIGNATURE <u>Carl Smith</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kuter 2906 Garois</u>							

(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 em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....

Signature of Student Embalmer

Signed.....

*Leo J. Budd*

Licensed Embalmer No. *3*

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.