

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-034155

FILED VS SEP 16 1959

2 7928

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

RECEIVED

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b | |
| c. FULL NAME (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1130 Hornsby | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS 1130 Hornsby | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Thomas J. O'Keefe | | | 4. DATE OF DEATH Month Day Year 8-24-59 |
| 5. SEX Male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 5-25-1882 |
| 9. AGE (last birthday) 77 | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Mgr. Packing Co | | 10b. KIND OF BUSINESS OR INDUSTRY Madison Packing Co | 11. BIRTHPLACE (City and state or country) Ireland |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | |
| 13a. FATHER'S NAME John O'Keefe | | 13b. MOTHER'S MAIDEN NAME Mary Hannon | 14. NAME OF HUSBAND OR WIFE Alice Tierney O'Keefe |
| 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. - | 17. INFORMANT Address Mrs. Alice B. O'Keefe 1130 Hornsby |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of bladder, metastatic 2 yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from AUG 2, 1958 to AUG 24, 1959 and last saw ^{her} him alive on AUG 24, 1959 Death occurred at 4:35 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Theodore J. Regg, Jr., M.D. | | 22b. ADDRESS 9311 Duerker Dr. St. Louis 37, MO | 22c. DATE SIGNED 8/26/59 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE 8-28-59 | 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | 23d. LOCATION (City, town, or county) St. Louis, Mo |
| 24. FUNERAL DIRECTOR Weick Bros 2201 S. Grand | | 25. DATE RECD. BY LOCAL REG. AUG 26 '59 | 26. REGISTRAR'S SIGNATURE Carl Smith, M.D. S.P. |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1727

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Elmo R. Gader

Licensed Embalmer No. 4077

P. O. Address St. Louis

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