

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

14128

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. Evolution Hosp. around it)

File No. ....

Registered No. 3458

Ward) .....

**2. FULL NAME** Edward Keys

(a) Residence. No. 6088 Maple St. 5 Ward. ....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
about 54

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work (un) Labor  
(b) General nature of industry, business, or establishment in which employed (or employer) odd jobs  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) unknown (STATE OR COUNTRY)

14. INFORMANT e. Sheridan (Address) 5600 Arsenal

15. FILED APR -7 1930 Wm U. Staveland REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4 19 30

17. I HEREBY CERTIFY, That I attended deceased from 3-19, 1930, to 4-4, 1930, that I last saw him alive on 4-4, 1930, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Erysipelas of face following  
cellulitis of nose  
Wilkinson  
152.5 (duration) yrs. mos. 18 ds.

CONTRIBUTORY (SECONDARY) 2/15 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Belkiddil M. D.

4-7, 1930 (Address) 5600 Arsenal

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Fee Fee Care DATE OF BURIAL 4-17 1930

20. UNDERTAKER Burney Bep ADDRESS Burney Bep

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

237  
31

