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.

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

7905

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1008~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2275

City St Louis Mo (No. City Hosp #2 St. ..... Ward)

2. FULL NAME Baby Key

(a) Residence. No. 4429 Kennerly St., 11 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE Col

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) 2-12-1931

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Grant Key

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

12. MAIDEN NAME OF MOTHER Exelena Easley

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

14. INFORMANT A Gertrude Creath (Address) City Hosp #2

15. FILED 2 19 31 Neal C Harden REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19 1931

17. I HEREBY CERTIFY, That I attended deceased from 2/13, 1931, to 2/19, 1931 that I last saw him alive on 2/19, 1931, and that death occurred, on the date stated above, at 5:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhagic Disease of the New Born

1610 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1619 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? No DATE OF 0

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Henry E Hampton, M. D.

2/20, 1931 (Address) City Hosp #2

*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 Washington Park

DATE OF BURIAL 2/20/ 1931

20. UNDERTAKER W. S. Wade

ADDRESS 4202 Finney