

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

Do not use this space.

AUG 23 1935

1. PLACE OF DEATH

County St. Louis
Township Clayton
City Clayton (No. 75 Arundel Pl.)

Registration District No. 790
Primary Registration District No. 1130
St. 75 Arundel Pl. Ward

File No. 24316
Registered No. 213
St. 75 Arundel Pl. Ward

2. FULL NAME William H. Keys

(a) Residence, No. 75 Arundel Pl. St. 75 Arundel Pl. Ward. (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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Evelyn B. Keys

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 28, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 55 9 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Commission Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Live Stock
10. Date deceased last worked at this occupation. (month and year) 11. Total time (years) spent in this occupation.

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

FATHER 13. NAME Cary M. Keys

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Eliza. Shaw

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT Mrs. Wm. H Keys (ADDRESS) 75 Arundel Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE July 24 1935

19. UNDERTAKER (ADDRESS) Wagoner Undert Co
36 21 Olive St

20. FILED July 25 1935 Dr. G. Sigiswille Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/22 19 35

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Chr. endocarditis, Chr. myocarditis, oxheart disease, with aortic insufficiency, decompensated; general anasarca, Chr. vascular hypertension

Other contributory causes of importance: 920
Acute dilatation. Died while in attack of acute cardiac dilatation caused by blockheart. OVER

Name of operation _____ Date of _____
What test confirmed diagnosis? Coroner's view Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Subst Tunon M. D.
(Address) 3718 Juniper St.
St. Louis, Mo. 7/23/35

Was patient of Dr. John Vaughn ,for
past three years, and at present time Dr.Vaughn
is on vacation and could not be reached at
time of last attack.Was cared for by
Dr. Fisher, but died before Dr.Fisher
was able to do anything for him,also attended
by Dr. Samuel B Grant.