APR 9 1937

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

Do not use this space.

791
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10658

File No. 3232
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. ..... Township ..... Primary Registration District No. .....

City Saint Louis (No. 912 North 20th Street St. ..... Ward)

2. FULL NAME Alice Keys

(a) Residence, No. 912 North 20th St. St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ (OR) WIFE OF Douglas Keys

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown- 1883

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
About 54			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) March, 1937

11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Faye County Mississippi

FATHER

13. NAME Greene Lynch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Mississippi

MOTHER

15. MAIDEN NAME Mattie-Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " Mississippi

17. INFORMANT Mattie Dennis
(ADDRESS) 912 North 20th Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Mar. 24, 1937

19. UNDERTAKER Charles L. Oates
(ADDRESS) 4107 Finney Avenue

20. FILED MAR 24 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1937, to March 16th, 1937
I last saw her alive on March 16th, 1937 Death is said to have occurred on the date stated above, at 8:30 m. a.m.
The principal cause of death and related causes of importance were as follows:

Aortic Regurgitation — Date of onset 3 mo. ago.

Other contributory causes of importance: not known

Name of operation None Date of
What test confirmed diagnosis? Clinical 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? no
If so, specify

(Signed) J. L. Flowers, M. D.
(Address) 1711 North 10th Street.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.