

JAN - 2 1938

REC'D JAN 6 1939

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

44516
Do not use this space.

1. PLACE OF DEATH *St. Louis* 2

(a) County *St. Louis* Registration District No. *784*

(b) Township _____ Primary Registration District No. *115*

(c) City *University City* (d) Street No. *#6939 Columbia Ave.* Registered No. *2153*

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

2. PRINT FULL NAME *Elizabeth Raue Keys*

(a) Residence, No. *#6939 Columbia Ave.* (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female*

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 *Dr Edgar H. Keys.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *January 7 - 1888*

7. AGE YEARS *50* MONTHS *11* DAYS *24* If LESS than day, hrs. or min.

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

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

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) *Hannibal, Mo.*

FATHER

13. NAME *John Luther Raue*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

MOTHER

15. MAIDEN NAME *Sophia Hansch*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Copenhagen Denmark*

17. INFORMANT (ADDRESS) *Dr. E. H. Keys #6939 Columbia*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Valhalla, Brew* DATE *January 3 - 1939*

19. FUNERAL DIRECTOR (ADDRESS) *C. R. Supton & Son #7333 Denver Blvd*

20. FILED *JAN - 2 1939* *T. H. Meyer* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 31 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 1938* to *Dec 31 1938*

I last saw her alive on *Dec 31 1938*. Death is said to have occurred on the date stated above, at *9:20 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of uterus

H/S

Date of onset *April 98*

Other contributory causes of importance:

Metastatic carcinoma - pelvic glands - sigmoid

Name of operation *Colostomy* Date of *Act 5*

What test confirmed diagnosis? Was there an autopsy?

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) *Murphy Sale*, M. D.

(Address) *4506 Olive*

WRITE PLEASE, WITH CARE, WITH 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.

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MAR 18 1946

STATEMENT BY LICENSED EMBALMER

I, Clarence H. Murray, Licensed Embalmer No. 4011
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.
Signed Clarence H. Murray
Licensed Embalmer No. 4011

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)