

RECD JUL 12 1939

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

20221
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1008**
 (c) City **St. Louis** (d) Street No. **Homar Phillips Hospital** Registered No. **5065**
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **27** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Katie Keys**

(a) Residence, No. **113 So Leonard** St. **18** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 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) **March 15 1892**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 2 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Housework**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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) **Kentucky /**

FATHER 13. NAME **Bill Keys /**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky /**

MOTHER 15. MAIDEN NAME **Lomar Croney**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Evelyn Hilliard
2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **June 6 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. H. Harrison
2906 Lawlor**

20. FILED **JUN 5 1939** **J. B. Budwick**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 2 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 27, 1939**, 19..... to **June 2, 1939**, 19.....
 I last saw her alive on **June 2, 1939**, 19..... Death is said to have occurred on the date stated above, at **3:25 p.m.**
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia (type 12) Date of onset **5/27/39**

Other contributory causes of importance
 Name of operation 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?.....
 If so, specify.....
 (Signed) **H. G. Lyman**, M. D.
 (Address) **2601 N Whittier**

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.

I X 16603

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. _____

working under my personal supervision.

Signed

James H. Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawler

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.)

If this body is not embalmed, above space should be left blank.