JUL 14 1939 JUL 24 1939

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

23255
Do not use this space.

96

1. PLACE OF DEATH
(a) County St Louis
(b) Township or
(c) City Pine Lawn
Registration District No. 784
Primary Registration District No. 30
Registered No. 1263
(d) Street No. Edgewood Nursing Home St.
(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 yrs. 1 mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.
250

2. PRINT FULL NAME William Ellis Keyson
(a) Residence, No. 122 No Fillmore St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
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) Jan 20 1891

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
48	5	22	

OCCUPATION
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. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Omaha
(STATE OR COUNTRY) Nebraska

FATHER
13. NAME Wm H Keyson
14. BIRTHPLACE (CITY OR TOWN) Plattsburg
(STATE OR COUNTRY) New York

MOTHER
15. MAIDEN NAME Jennie Eller
16. BIRTHPLACE (CITY OR TOWN) Austin
(STATE OR COUNTRY) Minn

17. INFORMANT H C Keyson
(ADDRESS) 122 N. Fillmore Ave, Kirkwood, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE 7-15 1939

19. FUNERAL DIRECTOR (NAME) Parker Undertaking Co
(ADDRESS) Webster Groves

20. FILED JUL 14 1939 E. R. Meyer M.D. Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-10 1938, to 7-13 1939
I last saw him alive on 7-13 1939. Death is said to have occurred on the date stated above, at 12 01 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis Idiopathic	6 da
78	
Other contributory causes of importance:	
Epilepsy — Idiopathic	20-yr
Status Epilepticus	6 da

Name of operation None Date of
What test confirmed diagnosis? Spinal P. 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 None
(Signed) Scott A. Quinlan, M. D.
(Address) 340 Berwyn Ave

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Orin B. Lang

Licensed Embalmer No. 1581

P. O. Address.....

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.