

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9724

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days /  
In this community 2 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St Louis /18  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3426 a Laclede  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

3. (a) PRINT FULL NAME Willie Keys

3. (b) If veteran, name war Unk 3. (c) Social Security No. Unk

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Unk 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 50 - - \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Unk

11. Industry or business Unk

12. Name Albert Page /

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Francis Haynes

15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Dolores A. Spotts, Sec

(b) Address 2601 N Whittier

17. (a) Rural (b) Date thereof 11-28-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Dra Hamilton

(b) Address City Health Dept

19. (a) NOV 27 1940 (b) J. Brackley  
(Date received from registrar) (Signature of Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16  
year 1940 hour 4:53 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from Sept 16, 1940, to October 16, 1940:  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cholecystitis no stones /5 mos.  
Duration

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy As above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature O. Allen (M. D. or other) \_\_\_\_\_  
Address 2601 N Whittier Date signed \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

Licensed Embalmer No.....

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.**