

Registration District No. 791

Primary Registration District No. 1003

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

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 3 mos 25 das
(Specify whether
In this community 32 yrs
years, months or days)

3. (a) PRINT FULL NAME Mae Keys

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Sam Keys 6. (c) Age of husband or wife if alive Dont know

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

8. AGE: Years Months Days If less than one day
Abt 42 - - - hr. min.

9. Birthplace St Louis mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name John Fisher

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

14. Maiden name Lizzie Smith

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

16. (a) Informant Bert Fisher

(b) Address 3406 Hickory

17. (a) Burial (b) Date thereof 12/23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3935 Lucas ave

19. (a) DEC 23 1940 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 3444 Lawton Blvd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1940 hour 8:25 minute _____ A. M.

21. I hereby certify that I attended the deceased from August 24, 1940, to December 19, 1940,
that I last saw her alive on December 19, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Carcinoma
Acquired Lues

Due to _____

Due to _____

Other conditions H/T
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature B. A. Mc Dowell (M. D. or other)
Address 2601 N. Hittier Date signed _____

Duration 5 yrs
Undet.
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

Chas. Gammis

Registered Apprentice No. 2349

working under my personal supervision.

Signed

Chas. Gammis

Licensed Embalmer No. 2349

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, fact should be so stated above.