S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16323

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4544

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 mos 10 days (Specify whether years, months or days)
In this community 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 9
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5336 Hall St. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emmett Key
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced 2 Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 24, 1885 (Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 29 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation
11. Industry or business Nil
FATHER
12. Name Will Key
13. Birthplace (City, town, or county) Miss. (State or foreign country)
MOTHER
14. Maiden name Betty Hiney
15. Birthplace (City, town, or county) Tenn. (State or foreign country)
16. (a) Informant Irene Townsend
(b) Address Lovejoy Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-'42 (Month) (Day) (Year)
(c) Place: burial or cremation St George Cem E St Louis Ill
18. (a) Signature of funeral director J. L. Marshall
(b) Address 2205 Mo Ave East St Louis Ill
19. (a) MAY 25 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1942 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from February 13, 1942 to May 23, 1942 that I last saw him alive on May 23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	Unknown
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 0
23. Signature M. A. Sanders (M. D. or other)
Address 2601 Whittier Date signed 5/25/42

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(Licensed Embalmer's Statement on Reverse Side)

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 Lyda Hughes

Licensed Embalmer No. 2938

P. O. Address St Louis Mo

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.