V. S. No. 2
OM—9-4-41
5-17-3
X25484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 18 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16290

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4309

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: 4275 A W. Cote Brilliant (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 40 yrs.

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 911
(d) Street No. 4275 A W. Cote Brilliant Av (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Abrom Keys

3. (b) If veteran, name war

3. (c) Social Security No.

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 3 (Day) 1875 (Year)

8. AGE: Years 68 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Claybourn Co. (City, town, or county) Miss. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business —
FATHER 12. Name Israel Keys
13. Birthplace Miss. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Penney Murray
15. Birthplace Miss. (City, town, or county) (State or foreign country)
16. (a) Informant J. W. Keys
(b) Address 4507 A Kennerly Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director M. Bowell
(b) Address 1716 N. Taylor Ave
19. (a) MAY 10 1943 (Date received local registrar) (b) J. T. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6 year 1943 hour 4 50 minute A M.
21. I hereby certify that I attended the deceased from March 20 1943, to May 6 1943, that I last saw him alive on May 6 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Generalized Arterio Sclerosis
Due to Chronic Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

23. Signature S. T. Moore (M. D. ~~or other~~)
Address 809 N. Jefferson Date signed 5/8/43

(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 William C. McDowell, Registered Apprentice No. ....., working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.