

FILED NOV 1944
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9099

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Infirmary
(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) 0

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Maxine Victory Keyes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fem. 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 6 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 18 hr. min.

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

10. Usual occupation Child

11. Industry or business _____

MOTHER FATHER {

12. Name Victor Keyes

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

14. Maiden name Estelle Jones

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

16. (a) Informant Victor Keyes

(b) Address 1008 Bond Ave., E. St. Louis

17. (a) Removal (b) Date thereof 10/26/44
(Month) (Day) (Year)

(c) Place: burial or cremation Booker Washing. Cem.

18. (a) Signature of funeral director R.M.C. Green

(b) Address 3517 Laclede Ave.

19. (a) OCT 26 1944 (b) J. F. Bredeen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1008 Bond
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-24-44 day _____
year _____ hour 5 minute A M.

21. I hereby certify that I attended the deceased from 10-20-44
_____, 19____, to _____, 19____;

that I last saw her alive on 10-27 1944
and that death occurred on the date and hour stated above.

Immediate cause of death tuberc. pneumonia & day
Primary

Due to _____

Due to 108

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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)

(e) Means of injury _____

23. Signature H. H. Kappers (M. D. or other) _____
Address 1421 Kansas Date signed _____

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

00
17
9

MOTHER FATHER {

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Estelle Jones

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 *P. M. Green*

Licensed Embalmer No. 1173

P. O. Address 3517 Sealed Ave

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.