

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

**1. PLACE OF DEATH:**

(a) County \_\_\_\_\_  
 (b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Homer G. Phillips Hospital  
(If not in hospital or institution, write street number and location)  
 (d) Length of stay: In hospital or institution 17 days  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Willie Key

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 486-16-1508

4. Sex M 2. Color or race Cal 6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lottie 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct 17th 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name unk  
 13. Birthplace unk unk 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name unk  
 15. Birthplace unk unk 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Lottie Key  
 (b) Address 3429<sup>th</sup> Franklin Ave

17. (a) Burial (b) Date thereof 7-31-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director J. Randolph  
 (b) Address 3133 Bell Ave

19. (a) JUL 30 1945 (b) J. F. Decker  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3429 Franklin 9  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 26,  
 year 1945 hour 6 minute 00 P. M.

21. I hereby certify that I attended the deceased from July 9, 1945 to July 26, 1945,  
 that I last saw him alive on July 26, 1945,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Terminal  
Duration

Due to Organic Brain disease unk.

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

Other conditions (includes pregnancy within 3 months of death) 107

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 J. F. Decker (M. Director)  
 Address 2601 Whittier Date signed 7/24/45

**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. *269*

P. O. Address *2769 Chavala*

**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.**