

DEPARTMENT OF COMMERCE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

21340

State File No.

FILED JUN 20 1946

Registration District No.

Primary Registration District No. 2002

Registrar's No. 1242

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Christian Old Peoples Home 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

3. (a) PRINT FULL NAME S. Chester Key

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Rose Key

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

7. Birth date of deceased December 27, 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	5	8	hr. min.

9. Birthplace Warrenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER

12. Name Thomas Key

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

14. Maiden name Mary Browning

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

16. (a) Informant Miss. Mary E. Craig

(b) Address 6600 Washington Avenue

17. (a) Burial (b) Date thereof June 7, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrenton, Missouri

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue

19. (a) 6-8-46 (b) E. S. McDaniel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 6600 Washington Avenue
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5, 1946
year..... hour 4:55 minute P M.

21. I hereby certify that I attended the deceased from May 1
1946, to June 5, 1946;
that I last saw him alive on June 5, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Infarct Heart Arteries

Duration 8

Due to..... 928.

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) (2) Means of injury.....

Signature J. R. Ryan (M. D. or other)
Address 607 N. Grand Date signed 6-6-46

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

20209

6
5
3

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

John Agonowski

Licensed Embalmer No. *3398*

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.