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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11787

Registration District No. 317 Primary Registration District No. 3066 Registrar's No. 642

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 237 W. Monroe Ave. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community Several Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 237 W. Monroe Ave. (If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME George W. Keys

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Nancy Burnett 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Aug. (Month) 5 (Day) 1861 (Year)

8. AGE: Years 85 Months 7 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Noah Key
13. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Pamela Dunlap
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Ethel K. Billings

(b) Address 237 W. Monroe Ave. Kirkwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/47 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address 131 W. Argonne Dr. Kirkwood

19. (a) 3-21-47 (Date received local registrar) (b) Ruth Jallen MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19th year 1947 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 12 March, 1947, to 19 March, 1947; that I last saw him alive on 18th Mar., 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration Instant.

Due to Hypertension

Due to cause unknown 83 00

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury 0

23. Signature Julian H Barnett (M. D. or other) .....

Address 248 W. Jefferson, Kwd, Mo. Date signed 20 Mar. 47

(Licensed Embalmer's Statement on Reverse Side)

JUN 4 1947

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.