

5. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1947
318

STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15380
Registrar's No. 4175

Registration District No. 1003 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 709 1/2 N. Leffingwell ans
(d) Length of stay: In hospital or institution 4 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 21/7
(d) Street No. 709 1/2 N. Leffingwell 9
(e) Citizen of foreign country? 0
If yes, name country 0

3. (a) PRINT FULL NAME Ernest M. Kee
(b) If veteran, name war.
(c) Social Security No. 492-10-4075

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced, or widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug 12th 1890

8. AGE: Years 56 Months 8 Days 7 If less than one day hr. min.

9. Birthplace Troy MO
10. Usual occupation Labor

11. Industry or business
12. Name John M. Kee
13. Birthplace Troy MO
14. Maiden name Mary Hayes
15. Birthplace Troy MO

16. (a) Informant George Jackson
(b) Address 2733 Lucas ans
17. (a) Burial (b) Date thereof 4-24-47
(c) Place: burial or cremation Jefferson Bks Natl
18. (a) Signature of funeral director J. H. Handley Son
(b) Address 3133 Bell ans
19. (a) APR 22 1947 (b) J. H. Handley

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 19th day April year 1947 hour 10:45 minute P. M.
21. I hereby certify that I attended the deceased from 20 March 19 April 1947 to death 19 April 1947
that I last saw him alive on 19 April 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardites 2 years
Chronic
Due to
Due to
Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration 2 years
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) (c) Means of injury
23. Signature A. James Evans Jr. (M. D. or other)
Address 4730 page Blvd. Date signed 20 April 1947

(Licensed Embalmer's Statement on Reverse Side)

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

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 *S J Watson*.....

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.