

S. No. 2  
-12-45  
5-17-39  
PI X47070

State File No. \_\_\_\_\_  
Registrar's No. 77

FILED JUN 4 1947

Registration District No. 310

Primary Registration District No. 3058

1. PLACE OF DEATH:

(a) County St. Charles

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

(c) Name of hospital or institution:  
rear of 1803 West Clay Street *13*  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County 999

(c) City or town Chelsea *31*  
(If outside city or town limits, write "RURAL")

(d) Street No. Box 54  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) *3*

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elmer Jesse Key

3. (b) If veteran, name war NIL

3. (c) Social Security No. 445-12-6517

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd  
year 1947 hour unknown minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased ~~XXXXXX~~ held inquest \_\_\_\_\_  
\_\_\_\_\_ 19 \_\_\_\_\_, to \_\_\_\_\_ 19 \_\_\_\_\_;

4. Sex Male *0* 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased July 23 1909  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_;  
and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 9 Days 9 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death self inflicted gunshot wound

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

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

9. Birthplace Jones Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Gunsmith

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Yes

MOTHER, FATHER {

12. Name Jay B. Key

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

14. Maiden name Beatrice Mulligan

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Hubert Key

(b) Address 509 Monroe-East Alton 3, Ill

17. (a) removal (Burial, cremation, or removal)

(b) Date thereof May 6, 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Chelsea, Oklahoma

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence May 2nd, 1947

(c) Where did injury occur? St. Chas. St. Chas. Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
public place

18. (a) Signature of funeral director H. L. Dallmeyer & Sons Co.

(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 5/17/47 (Date received local registrar)

(b) H. L. Dallmeyer (Registrar's signature)

While at work? no (Specify type of place)

(c) Means of injury pistol

23. Signature Marion M. ...

Address Wentzville Date signed 5-6-47

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

Date Filed MAY 31 1947

District File Number \_\_\_\_\_

District Health Officer No. 9, \_\_\_\_\_

RECEIVED

**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 Joseph I Landoer  
Licensed Embalmer No. 4189  
P. O. Address St. Charles 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.