

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 2 1949

State File No. 2889  
Registrar's No. 556

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>15 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips</u>		d. STREET ADDRESS (If rural, give location) <u>2718 Mills Street</u>	

3. NAME OF DECEASED (Type or Print) <u>Abraham</u>	a. (First)	b. (Middle)	c. (Last) <u>Keys</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>COL.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>April 9, 1902</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 12 HRS. Days <u>6</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Dubnish Hill Miss.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>Gaston Keys</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Benford</u>	14. NAME OF HUSBAND OR WIFE <u>single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>William Keys</u>	ADDRESS <u>3337 Pine St.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gunshot wound of Skull and Brain, suffered when shot with gun in the hands of one Vincent E. Taylor, Col., about 6:15 P.M., January 16, 1949, in front of about 2627 Franklin Ave.</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b)		
	DUE TO (c) <u>HOMICIDE</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9987 H66</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis, Missouri.</u>
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21d. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY <u>January 16, 1949 6:15</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>gun</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>Victor E. Taylor Coroner</u>	(Degree or title)	22b. ADDRESS <u>1300 Clark</u>	22c. DATE SIGNED <u>1-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 20, 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>JAN 19 1949</u>	REGISTRAR'S SIGNATURE <u>J. P. Pasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dement &amp; Son</u>	ADDRESS <u>2629-31 Cole</u>
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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed H. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldine

**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.