

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39245**
Registrar's No. **9764**

318

1003

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 39245		Registrar's No. 9764	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2187			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1				STREET ADDRESS 4484 Vista avenue		(If rural, give location) U			
3. NAME OF DECEASED (Type or Print) a. (First) Alvin			b. (Middle) F.		c. (Last) Keyes		4. DATE OF DEATH (Month) (Day) (Year) 11-3-51		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1-29-1872		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrical worker		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown			14. NAME OF HUSBAND OR WIFE Alta Keyes			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 489-10-5182		17. INFORMANT'S SIGNATURE OR NAME Alta Keyes ADDRESS 4484 Vista avenue					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, athenia, etc. It means the disease, injury, or complication which caused death.</i>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia, Lr of Left Hip				INTERVAL BETWEEN ONSET AND DEATH _____	
				ANTECEDENT CAUSES suffered when deceased fell out of a tree while trimming same					
				DUE TO fall from the rear yard at his house					
				II. OTHER SIGNIFICANT CONDITIONS at 4484 Vista Ave., Oct 20 1951					
				Conditions contributing to the death but not related to the disease or condition causing death at about 125 pm					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION accident						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) yard		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 20 5:12 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 290 20 21					
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 6:50 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Patrick E. Hayes (Degree or title) Cor 3				23b. ADDRESS 1300 Clark			23c. DATE SIGNED 11. 5. 51.		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-6-51		24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE RECD BY LOCAL HEALTH DEPT. NOV 5 1951		REGISTRAR'S SIGNATURE [Signature]			25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 4104 Manchester Ave.				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Ben Hoffman*

Licensed Embalmer No. *4366*

P. O. Address *St. James 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.