.300
.48

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35745

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8649

1. PLACE OF DEATH
a. COUNTY None
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis
c. LENGTH OF STAY (in this place) Abt. 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Homer G. Phillips Jr
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY None
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. Louis
d. STREET ADDRESS (If rural, give location) 2415 N. Vandeventer

3. NAME OF DECEASED (Type or Print) a. (First) WAYMAN b. (Middle) c. (Last) Keys
4. DATE OF DEATH (Month) 9 (Day) 15 (Year) 56
5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JAN. 22, 1923
9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOER
10b. KIND OF BUSINESS OR INDUSTRY McQuay Norris Foundry
11. BIRTHPLACE (City and State or Foreign Country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Nolan Keys
13b. MOTHER'S MAIDEN NAME Pennsylvania Allen
14. NAME OF HUSBAND OR WIFE CoRine Keys 2415 Vandeventer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW-2
16. SOCIAL SECURITY NO. 535-249826
17. INFORMANT'S SIGNATURE OR NAME Magnolia Sayles 1500 McClausland ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Intra Abdominal Hemorrhage; Contrib:- Penetrating gun shot wound of Abdomen; suffered when shot with gun in hands of one Angelo Lyvanas, during burglary of store at 2425 No. Vandeventer Ave., about 3:30 am.; Sept 15, 1956 E981X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Justifiable Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Store
21c. (CITY, TOWN, OR TOWNSHIP) St Louis (COUNTY) Mo (STATE)
21d. TIME OF INJURY (Month) 9 (Day) 15 (Year) 56 (Hour) 3:20 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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 4:15 a.m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M. Lucas Deputy Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 9/19/56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 9-20-56
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) OAKLAND, Miss (State)

DATE REC'D BY LOCAL REG. SEP 19 1956
REGISTRAR'S SIGNATURE Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE Thomas Jackson ADDRESS 2726 Dickson St

(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 John R Cunningha

Licensed Embalmer No. 4476

P. O. Address 2405 Mare

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.